State Profile Data System

MEDICAID

spDATA System

Characteristics of Medicaid State Programs

Volume I

National Comparisons

US DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Health Care Financing Administration
Medicaid Bureau
HCFA Pub. No. 02178
May 1992

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FOREWORD

This publication introduces the Medicaid State Profile Data (spDATA) System. The spDATA System is an automated system which provides selected information on Medicaid State programs. The system was developed in response to recommendations in the July 1991 Health and Human Services (HHS)/Office of Management and Budget (OMB) report entitled Better Management for Better Medicaid Estimates. The report recommended that the Medicaid Bureau (MB) maintain, and make available to the public, State-by-State inventories of baseline Medicaid program features and proposed program changes.

The spDATA System provides the recommended information. It is also a current, on-line system which is updated as State plan amendments (SPAs) are received in the Health Care Financing Administration's (HCFA) Regional Offices. This publication is the first annual edition of national data generated from spDATA displaying program characteristics from Medicaid State plans. The text describes the spDATA System, the data collected by the system, and certain data displayed in the National Data Tables showing Medicaid program characteristics by State.

The spDATA System information is important to the Medicaid budget estimating process. It also provides the public with information on State Medicaid programs. In addition, providing information and up-to-date feedback to States on State plans will assist States in meeting Medicaid requirements. Finally, the data generated by spDATA are vital to HCFA and others in making policy and management decisions, responding to inquiries, and to improving our effectiveness in ensuring that Medicaid recipients have access to mandated services and benefits.

This System is the result of the combined efforts of staff of the Medicaid Bureau, HCFA Regional Offices, Bureau of Data Management and Strategy, National Governors' Association, OMB, and States. I want to personally commend and thank everyone involved for their dedicated efforts to accomplish the recommendations of the HHS/OMB Task Force.

I hope this publication will be useful to you. I invite your comments, suggestions, and recommendations for improving the information collected and generated by the spDATA System.

Christine Nye
Director
Medicaid Bureau

PREFACE

The Medicaid program is a major funding source of health care for America's poor and disabled. A rapid increase in Medicaid expenditures in recent years has focused attention on the need for a database with current, comprehensive information on all State Medicaid programs. *Medicaid State Profile Data (spDATA) System: Characteristics of Medicaid State Programs* provides details on State Medicaid programs. This report includes data generated from the Health Care Financing Administration's (HCFA's) new data system, spDATA, and data collected through the research efforts of the National Governors' Association (NGA). This report, comprised of two volumes, primarily contains information from Medicaid State plans. If more comprehensive Medicaid information is needed, additional resources may be required.

Volume I introduces the spDATA System, presents national tables of selected State plan characteristics, and summarizes Medicaid program policy changes tracked by NGA. Volume II presents more detailed information on each State.

Volume I

The spDATA System primarily contains selected characteristics from Medicaid State plans, pending State plan amendments (SPAs), and supplementary information submitted in the "related information" report that accompanies SPAs. Some information included in the spDATA System (e.g., disproportionate share hospital funding source and donations and taxes programs) is obtained from monthly State reports for the 50 States and the District of Columbia. Regional offices (ROs) enter data into the system from the sources listed above. SpDATA provides immediate, on-line access to certain State plan characteristics that are important to understanding the Medicaid program. Readers should be aware that the spDATA System is not an automated database of the entire State plan, nor does it automate the State plan process.

Part One, spDATA National Tables, provides national tabulations on State Medicaid program characteristics in the areas of administration, eligibility, coverage, and non-institutional and institutional reimbursement. Data in the Tables reflect information from approved State plans and pending SPAs effective March 11, 1992 and entered into the system by March 12, 1992. Each Table presents information in a State-by-State format. The National Tables display information on:

- **Administration**: Medicaid coordination with other health insurance programs, premiums, deductibles, coinsurance, and recipient cost-sharing;

- **Eligibility Requirements of State Medicaid Programs**: Mandatory and optional eligibility groups included under States' plans and the general information on the financial criteria used by States in determining Medicaid eligibility;

- **Services Covered by Medicaid**: Coverage and limitations of selected services available to categories of Medicaid recipients (e.g., inpatient hospital; physician services; prescribed drugs; transportation; transplants; and services provided under the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) program);

- **Reimbursement for Non-institutional Services**: Information on methods used to pay for prescribed drugs and physicians' services; and

- **Reimbursement for Institutional Services**: Data on payment methods for hospitals, nursing facilities, and intermediate care facilities for the mentally retarded.

The spDATA system was designed, developed, and implemented by staff from the Medicaid Bureau, Bureau of Data Management and Strategy (BDMS), and the HCFA ROs.

Medicaid State profiles were extracted from State plans and pending SPAs. The profiles were entered into the spDATA System by RO staff who are responsible for approving SPAs and updating and maintaining the official State plans for the States in their region. RO staff reviewed the data on the validation tables to verify their accuracy and consistency with the State plans. After the ROs confirmed that the data reflected the contents of their States' plans, each State's Tables were sent to the appropriate State for review. States were given 30 days to verify the accuracy of the Tables. ROs contacted every State to ensure that the Tables had been received, to discuss issues and concerns, and to notify States that the data would be published and made available to members of the public and private sectors.

Most States responded by suggesting changes or identifying issues related to the data which contributed to the accuracy of this information. HCFA appreciates the efforts and contributions of these States. Some States (MA, CT, ME, RI, DC, MO, KS, and CA) were not able to respond in the 30-day time frame allowed to review the validation Tables.

Because spDATA is a new system, some inconsistencies among the data in the Tables may exist. SpDATA is an evolving system. Our goal is to accurately reflect selected data elements from Medicaid State plans in a format that satisfies information needs. The Medicaid Bureau welcomes comments and suggestions from system and data users to help meet this goal.

Part Two of Volume I summarizes Medicaid program and policy changes made by the States during calendar year 1991. Information presented in Part Two includes:

- **Summary of Selected State Program Trends**: Narrative on the changes made by States in 1991 for service utilization controls, reimbursement, eligibility, and service coverage;

- **State Medicaid Program Changes**: A list of all the changes made by States in 1991 categorized by eligibility, reimbursement, and services; and

- **Selected Medicaid Program Characteristics**: Narrative and tabular information on the current status of State Medicaid policy options including home and community-based services waivers, coordinated care programs, and coverage of pregnant women and children.

The information contained in Part Two comes from the State Medicaid Information Center (SMIC) for the Center for Policy Research of the National Governors' Association. SMIC is a clearinghouse for information on State Medicaid programs. States submit Medicaid policy and program information to SMIC on a continuous basis. This information, typically recipient announcements, State regulations, and State Medicaid provider manuals, is then edited and added to the SMIC database. The

information is reviewed by the State Medicaid agencies for accuracy and completeness. In addition, SMIC gathers information on a number of State Medicaid program characteristics that have been given high priority by Federal and State officials. These include Medicaid program waivers, financial eligibility criteria, and implementation of policies related to pregnant women and children. SMIC publishes tables summarizing State activity in each of the above characteristics on an annual basis.

HCFA is combining the first spDATA System report with NGA's *Catalogue of State Medicaid Program Changes* to provide readers easy access to a maximum amount of information on States' Medicaid programs. NGA's report adds data on home and community-based services waivers, Medicaid coordinated care, and State program changes from previous years that are not part of the spDATA System. The two reports provide different, but complementary, approaches to analyzing the Medicaid program. Although combining reports with different databases may create some analytical problems, the benefits of having comprehensive information in one publication will compensate for these problems. Both reports include data collected from Medicaid State plans. The reports differ in these ways:

Time Frames: spDATA Tables in this report are current as of March 11, 1992; NGA narrative and Tables are current as of January 1992.

Data Sources: The majority of data in the spDATA System are from Medicaid State plans and pending SPAs. Sources outside the State plan include the "related information" report and monthly State reports. NGA's report includes data from State plans, SPAs, surveys, provider announcements, and State regulations. NGA also collects information on freedom of choice and home and community-based services waivers.

Utility: Part One introduces spDATA, HCFA's new computerized data collection system. The Tables are samples of the types of Medicaid State plan comparisons that system users can generate for themselves with up-to-date data. Part Two (prepared by NGA) highlights Medicaid program changes made by States in 1991 and describes annual trends.

Preparation of Part Two of this document, NGA's *1991 Catalogue of State Medicaid Program Changes,* was supported by a contract from the Intergovernmental Affairs Office, HCFA. Data in the NGA portion of the report have not been validated by HCFA, nor has HCFA attempted to reconcile NGA's data in Part Two with the data in the spDATA System or the spDATA Tables in Part One. Any interpretations, views, or opinions expressed in Part Two are those of NGA authors and do not represent those of the Department of Health and Human Services.

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BACKGROUND

This profile of State Medicaid Program Characteristics was produced in response to the Joint Department of Health and Human Services (HHS) and Office of Management and Budget (OMB) report entitled, Better Management for Better Medicaid Estimates. The report stated that although a program as large and varied as Medicaid may always have budget estimating errors, structurally much can be done to improve the accuracy of both Federal and State estimates. To improve Medicaid estimating, HHS and OMB recommended that the Medicaid Bureau maintain, make available to the public, and possibly automate:

State inventories of baseline Medicaid features and proposed changes; and

detailed extracts of State plans and SPAs describing State eligibility (distinguishing mandatory and optional features), coverage, and reimbursement policies.

To implement this OMB directive, the Medicaid Bureau convened a Medicaid Program Characteristics Work Group, including Medicaid Bureau, Bureau of Data Management and Strategy (BDMS), Office of Research and Demonstrations (ORD), and regional office (RO) staff-level representatives. The Budget Estimating Initiative (BEI) Steering Committee comprised of HCFA senior-level staff and led by the Medicaid Bureau, also provided input and direction to the project.

Previously, collections of State program characteristics were done by hard copy survey and compiled into a book format for publication. These profiles were difficult to keep up-to-date. The HCFA work group decided that the initial data collection would continue to be done by hard copy survey, but that the results would be entered into an automated system for easy updating and reporting. This automated system, named the Medicaid State Profile Data (spDATA) System, was designed to produce annual national comparisons and ad hoc reports from Medicaid State profile data, as well as detailed State-by-State profiles.

In the short term, spDATA would offer an organized structure for Medicaid program data collected from the approved State plans, pending SPAs, and from a limited number of related reports. This would allow HCFA to present the data in a variety of ways.

The Scope of the Medicaid State Profile Data (spDATA) System

The HCFA work group made decisions on what information to include initially and what could be added at a later time. They agreed that the most accessible sources of data would be the approved State plan and pending SPAs. Although there is a great deal of information in State plan narrative sections and in documents unrelated to the State plan, time constraints made the use of data contained in the State plan preprint the most logical starting point. Data were collected according to subject matter as defined in the preprint. These subjects include:

- Administrative information;
- Eligibility groups;
- Coverage of services and service limitations; and
- Reimbursement methodologies for covered services.

The survey documents used to collect data from the States and the data entry system are based on State plans and SPAs. State practice often is more accurately reflected in pending SPAs (which may have retroactive effective dates) than in the approved State plan alone. Therefore, information from both approved and pending SPAs are included in the system and can be retrieved to create State profiles. SPAs are entered into the system on a continuous basis by RO users who are familiar with State plans.

Initially data were collected on the 50 States and the District of Columbia. Because of the difficulty in collecting and standardizing the data, the inclusion of data on the U.S. territories, home and community-based services waivers, coordinated care, and freedom of choice waivers were postponed to future generations of the spDATA System. The purpose of the spDATA System is to produce "snap shot" profiles of Medicaid State plans at given points in time; therefore, a statistical package using utilization and expenditure data is not included.

OUTLOOK

The spDATA System will move forward both in its capabilities and its information inventory. At the same time, due to the unique nature of the data, the demands on the system will likely grow in frequency and complexity.

Staff who participated in building the spDATA System identified the data elements used in the initial construction of the System. Once information is actually extracted from all the State plans, additions and minor changes may have to be made to some data elements.

The Medicaid Bureau and BDMS are responsible for monitoring and enhancing the system, as necessary. Upgrades of the report capabilities for the System are already planned. Reports based on a variety of user-determined selection criteria (States, area of plan, effective dates, and approval dates) will be available to all users and could be printed at each user's location.

One of the first major system enhancements will be the addition of a query function. This will enable users to access data, as well as discern associations among data elements. Another major advancement will be the establishment of relational linkages between data sections. These relational linkages would permit users to examine areas of natural relationship and association that otherwise might be time consuming and cumbersome.

Substantial additional work will have to be done to bring into the system those parts of Medicaid State plans previously omitted and the regulatory changes that occur after the spDATA System was established.

THE ADMINISTRATIVE STRUCTURE OF THE MEDICAID PROGRAM AND THE MEDICAID STATE PLAN

The Medicaid program is financed jointly with Federal and State funds and is administered under the general oversight of HCFA. Each State manages its Medicaid program through a designated single State Medicaid agency. The basic responsibilities of the State agencies include: eligibility determination, provider certification, claims processing, review and inspection of facilities providing care, as well as the maintenance of the program's integrity and administration.

Single State Agency

Each State must designate a single agency to operate its Medicaid program. This may be the welfare or social services department, health department, or a combination health/social services department. The single State agency may be an independent entity or part of a larger umbrella agency which is neither the welfare nor the health department. A State may maintain responsibility for overall policy determination but delegate some of the administration of the program to local agencies. (A specific statutory exemption permits Massachusetts to use two separate Medicaid single State agencies, one responsible for Medicaid coverage of the blind, the other is responsible for all other Medicaid recipients.) If the Medicaid agency is not the welfare or other agency managing the Aid to Families with Dependent Children (AFDC) program, then it must have an agreement with that agency for eligibility determinations. In addition, a State may contract with the Social Security Administration under a 1634 agreement to determine Medicaid eligibility for the aged, blind, and disabled under the Supplemental Security Income (SSI) program. The State may also apply SSI criteria itself and make the eligibility determination or apply more restrictive criteria under section 1902(f) in determining eligibility of aged, blind, or disabled. If the agency is not the State health department, it must have a cooperative agreement with the health department for advice on certification and quality standards and other purposes. In addition, the Medicaid agency must have agreements with the agencies administering the maternal and child health block grant and the State's vocational rehabilitation programs to ensure optimal use of resources.

Medicaid regulations require that each State establish a Medicaid advisory committee, including provider and recipient representatives, to review and make recommendations on Medicaid policy. (Federal courts have invalidated substantive policy decisions made by a Medicaid agency without consulting the advisory committee.)

State Plans

Each State's Medicaid program is operated in accordance with a State plan for medical assistance which describes the State's basic administrative, eligibility, coverage, and reimbursement policies. Many of the basic provisions in Medicaid law take the form of requirements for the content of State plans. Thus, the State plan constitutes the fundamental control mechanism for the program. The State plan must be amended periodically to reflect changes in Federal law, regulations, policy interpretations, court decisions, and material changes in State law or policy. HCFA ordinarily notifies States when an amendment is needed because of a change in Federal rules. If a change in State policy requires a change in the State plan, the State must submit an SPA by the end of the calendar quarter in which the change took effect in order to receive Federal matching funds for increased expenditures.

HCFA approves the SPA or the Secretary disapproves it or requests additional information within 90 days after it is received. Disapproval of an SPA may be subject to administrative appeal within HHS and, if a State chooses, to review by Federal courts. HCFA may withhold payments to a State, in whole or in part, if the State plan no longer complies with Federal law, or if in practice, the State violates its State plan. Such withholding can occur only after proper notice and a hearing officer finds the plan or practice to be inconsistent with Federal law and the HCFA Administrator affirms the decision.

Processing State Plans

The overall process for updating Medicaid State plans can be divided into three components: preprint development process, State plan amendment process, and ancillary tracking process.

Preprint development process:

- Changes in legislation cause HCFA to develop policy changes that result in HCFA components modifying preprint material.

- The modified preprint material undergoes a comment and review process within HCFA.

- After Medicaid Bureau clearance, the preprint material is forwarded to HCFA's Office of Budget and Administration, in hard copy form, for printing.

- The cleared preprint material is sent to the Medicaid State agencies through the Office of Issuance's Program Transmittal process.

State Plan Amendment Process:

- The Medicaid State agency fills out the preprint, develops the required attachments and additional narrative material, as needed, and sends the complete package as an SPA under cover of a HCFA-179 (Transmittal and Notice of Approval of State Plan Material) to the HCFA RO.

- The HCFA RO reviews and approves SPAs, or requests additional information within 90 days. (The process of disapproving SPAs is discussed above in State Plans.)

- The HCFA RO retains the approved SPAs in hard copy form. Each RO maintains the official State plan for each State and territory within its region.

Ancillary Tracking Process:

See Appendix III for a description of the SPA tracking system and a discussion of the spDATA System in the context of HCFA's other data systems.

The spDATA System Organization

The spDATA System is used to collect selected Medicaid program characteristics from the State plan for each State and the District of Columbia.

The spDATA System uses the Model 204 computer processing software to manage the data that have been accumulated. The system is maintained on a mainframe computer within the HCFA Data Center (HDC). This means that any computer terminal with access to the HDC can be provided access to the spDATA System. HCFA CO and RO users access the HDC using personal computers (PCs), generally in a terminal emulation mode. Currently, spDATA does not interface with any other automated Medicaid data system.

At the present time there are about 800 separate data elements. More will be added as the system grows. Included within the data elements are fields intended to capture the narrative sections of State plans which describe unique State situations or circumstances.

To transform each State's Medicaid program characteristics into electronic records, the database is structured along the lines of the State plan preprint and is organized into five main sections: Administration, Coverage, Eligibility, Institutional Reimbursement, and Non-institutional Reimbursement. ROs enter this information into the system in an on-line mode using data entry screens.

Individual data elements are entered into the system either as part of the baseline State plan or as part of the SPAs. The date for the baseline State plan is October 1, 1991. Amendments and associated data elements approved separately prior to October 1, 1991, are part of the overall baseline.

Pending SPAs are entered separately into the spDATA System as they are received by the ROs. Amendments, and the individual data elements they are related to, are retained as separate records. Part of the record for each SPA consists of control information which includes a transmittal (identification) number, proposed effective date, actual effective date, approval date, disposition code, and the amendment objective(s).

Users can browse data and select a variety of menu-driven reports. A State profile can be constructed for a specific point in time by specifying parameters such as amendment effective date or approval date. The system creates a "composite profile" by selecting all SPAs that meet the criteria and choosing the most recent value for each data element.

SUMMARY OF THE MEDICAID PROGRAM

Program Overview

Title XIX of the Social Security Act is a program which provides medical assistance for certain individuals and families with low incomes and resources. The program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the Federal and State governments to assist States in the provision of more adequate medical care to eligible needy persons. Medicaid is the largest program providing medical and health-related services to America's poorest people.

Within broad national guidelines which the Federal government provides, each of the States: (1) establishes its own eligibility standards; (2) determines the type, amount, duration, and scope of services; (3) sets the rate of payment for services; and (4) administers its own program. Thus, the Medicaid program varies considerably from State to State, as well as within each State over time.

Medicaid Eligibility

States have some discretion in determining which groups their Medicaid programs will cover and the financial criteria for Medicaid eligibility. To be eligible for Federal funds, States are required to provide Medicaid coverage for most individuals who receive federally assisted income maintenance payments, as well as for related groups

not receiving cash payments. (See Section 2: Eligibility for a detailed discussion of mandatory eligibility groups.) Some examples of the mandatory Medicaid eligibility groups are:

- recipients of Aid to Families with Dependent Children (AFDC);

- Supplemental Security Income (SSI) recipients (or in States using more restrictive criteria--aged, blind, and disabled individuals who meet a State's more restrictive criteria than those of the SSI program, which criteria may not be more restrictive than those in the State's approved Medicaid plan in effect on January 1, 1972);

- infants born to a Medicaid-eligible pregnant woman. Medicaid eligibility must continue throughout the first year of life so long as the infant remains in the woman's household and she remains eligible, or would be eligible if she were still pregnant;

- children under age six and pregnant women who meet the State's AFDC financial requirements or whose family income is at or below 133 percent of the Federal poverty level. (The minimum mandatory income level for pregnant women and infants in certain States may be higher than 133 percent, if as of certain dates the State had established a higher percentage for covering those groups.) States are required to extend Medicaid eligibility until age 19 to all children born after September 30, 1983 in families with incomes at or below the Federal poverty level. This phases in coverage, so that by the year 2002, all poor children under age 19 will be covered. Pregnant women will remain eligible for Medicaid through the end of the calendar month ending 60 days after the end of pregnancy regardless of any change in her family's income. For the poverty level related groups, States may use a resource test no more restrictive than that of the AFDC program;

- recipients of adoption assistance & foster care under title IV-E of the Social Security Act;

- certain Medicare beneficiaries (described later); and

- special protected groups who lose cash assistance because of the cash programs' rules, but who may keep Medicaid for a period of time. Examples are: persons who lose AFDC or SSI payments due to earnings from work or increased Social Security benefits; and two-parent, unemployed families whose AFDC cash assistance is limited by the State and who are provided a full 12 months of Medicaid coverage.

States also have the option to provide Medicaid coverage for other "categorically needy" groups. These optional groups share characteristics of the mandatory groups, but the eligibility criteria are somewhat more liberally defined. Examples of the optional groups that States may cover as categorically needy (and for which they will receive Federal matching funds) under the Medicaid program are:

- infants up to age one and pregnant women not covered under the mandatory rules whose family income is below 185 percent of the Federal poverty level (the percentage to be set by each State);

- certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the Federal poverty level;

- children under age 21 who meet income and resources requirements for AFDC, but who otherwise are not eligible for AFDC;

- institutionalized individuals with income and resources below specified limits;

- persons receiving care under home and community-based services waivers; and

- recipients of State supplementary payments.

Medically Needy Eligibility Groups:

The option to have a "medically needy" program allows States to extend Medicaid eligibility to additional qualified persons who have too much income to qualify under the mandatory or optional categorically needy groups. This option allows them to "spend down" to Medicaid eligibility by incurring medical and/or remedial care expenses to offset their excess income, thereby reducing it to a level below the maximum allowed by that State's Medicaid plan. States may also allow families to establish eligibility as medically needy by paying monthly premiums to the State in an amount equal to the difference between family income (reduced by unpaid expenses, if any, incurred for medical care in previous months) and the income eligibility standard.

Eligibility for the medically needy program does not have to be as extensive as the categorically needy program. However, States which elect to include the medically needy under their plans are required to include certain children under age 18 and pregnant women who except for income and resources would be eligible as categorically needy. They may choose to provide coverage to other medically needy persons: aged, blind, and/or disabled persons; certain relatives of children deprived of parental support and care; and certain other financially eligible children up to age 21.

Amplification on Medicaid Eligibility

Once entitlement to Medicaid is determined, coverage may be retroactive to any or all of the three months prior to application if the individual would have been eligible during the retroactive period. Coverage generally stops at the end of the month in which a person's circumstances change. Most States have additional "State-only" programs to provide medical assistance for specified poor persons who do not qualify for the Medicaid program. No Federal funds are provided for State-only programs.

Medicaid does not provide medical assistance for all poor persons. Even under the broadest provisions of the Federal statute (except for emergency services for certain persons) the Medicaid program does not provide health care services, even for very poor persons, unless they are in one of the groups designated above. Low income is only one test for Medicaid eligibility; assets and resources are also tested against established thresholds. As noted earlier, categorically needy persons who are eligible for Medicaid may or may not also receive cash assistance from the AFDC program or from the SSI program. Medically needy persons who would be categorically eligible except for income or assets may become eligible for Medicaid solely because of excessive medical expenses. States may use more liberal income and resource methodologies to determine Medicaid eligibility for certain AFDC-related and aged, blind, and disabled individuals under section 1902(r)(2) of the Social Security Act.

The more liberal income methodologies cannot result in the individual's income exceeding the limits prescribed for Federal matching (for those groups which are subject to these limits).

Significant changes were made in the Medicare Catastrophic Coverage Act (MCCA) of 1988 which affected Medicaid. Although much of the MCCA was repealed, the portions affecting Medicaid remain in effect. The law also has accelerated Medicaid eligibility for some nursing home patients by protecting more income and assets for the institutionalized person's spouse at home. Before an institutionalized person's monthly income is used to pay for the cost of institutional care, a minimum monthly maintenance needs allowance is deducted from the institutionalized spouse's income to bring the income of the community spouse up to a moderate level.

For certain poor Medicare recipients known as "qualified Medicare beneficiaries" (QMBs) (those beneficiaries with incomes below the Federal poverty level and with resources at or below twice the standard allowed under the SSI program), the Medicaid program in most States pays the Medicare premiums, deductibles, and certain coinsurance costs if the recipient applies for this help. These new QMBs are not quite poor enough to qualify for Medicaid; however, they benefit because their Medicare cost-sharing expenses are paid by the State Medicaid programs.

Scope of Medicaid Services

Title XIX of the Social Security Act requires that in order to receive Federal matching funds, certain basic services must be offered to the categorically needy population in any State program:

- inpatient hospital services;
- outpatient hospital services;
- prenatal care;
- physician services;
- nursing facility (NF) services for individuals aged 21 or older;
- home health care for persons eligible for nursing services;
- family planning services;
- rural health clinic services;
- laboratory and x-ray services;
- pediatric and family nurse practitioner services;
- certain federally-qualified ambulatory and health center services;
- nurse-midwife services; and
- early and periodic screening, diagnosis, and treatment (EPSDT) services for children under age 21.

If a State chooses to include the medically needy population, the State plan must provide, as a minimum, the following services:

- prenatal care and delivery services for pregnant women;
- ambulatory services to individuals under age 18 and individuals entitled to institutional services;
- home health services to individuals entitled to nursing facility services; and
- if the State plan includes services either in institutions for mental diseases or in intermediate care facilities for the mentally retarded (ICF/MRs), it must offer either of the following to each of the medically needy groups: the services contained in 42 CFR sections 440.10 through 440.50 and 440.165 (to the extent that nurse-midwives are authorized to practice under State law or regulations); or the services contained in any seven of the sections in 42 CFR 440.10 through 440.165.

States may also receive Federal funding if they elect to provide other optional services. The most commonly covered optional services under the Medicaid program include:

- clinic services;
- nursing facility services for the aged in an institution for mental diseases;
- ICF/MR services;
- optometrist services and eyeglasses;
- prescribed drugs;
- prosthetic devices; and
- dental services.

A new optional service allows States to provide home and community-based care to certain individuals who are either medically needy or eligible for Medicaid due to receipt of SSI benefits; who have limitations in specified activities of daily living (toileting, transferring, and eating); and are at least 65 years of age. The services to be provided to these persons may include personal care services, chore services, respite care services, adult day care, homemaker/home health aide, and nursing services.

Amount and Duration of Medicaid Services

Within broad Federal guidelines, States determine the amount and duration of services offered under their Medicaid programs. They may limit, for example, the days of hospital care, or the number of physician visits covered. States are prohibited from limiting the duration of coverage for medically necessary inpatient hospital services provided to Medicaid-eligible children under age six in disproportionate share hospitals and to infants in all hospitals.

With certain exceptions, a State's Medicaid plan must allow recipients freedom of choice among participating providers of health care. States may provide and pay for Medicaid services through various prepayment arrangements, such as a health maintenance organization (HMO). In general, States are required to provide comparable services to all categorically needy eligible persons. There are two important exceptions:

1) health care services identified under the EPSDT program as being "medically necessary" for eligible children must be provided by Medicaid, even if those services are not included as part of the covered services in that State's plan; and

2) States may request home and community-based services "waivers" under which they offer an alternative health care package for persons who would otherwise be institutionalized under Medicaid. States are not limited in the scope of services they can provide under such waivers so long as they are cost effective (except that, other than as a part of respite care, they may not provide room and board for such recipients).

Medicaid - Medicare Relationship

Some aged and/or disabled persons are covered under both Medicaid and Medicare (title XVIII of the Social Security Act). These recipients are known as "dual beneficiaries" or "dual eligibles". The Medicare program provides Hospital Insurance (HI, also known as Part A) and Supplementary Medical Insurance (SMI, also known as Part B). For those persons aged 65 or older (and for certain disabled persons) who have insured status under Social Security, entitlement to HI is automatic.

Entitlement to SMI, however, requires payment of a monthly premium. For the dual-eligible persons, the State Medicaid programs pay the premiums, deductibles, and certain coinsurance Medicare costs, and provide many health care services that are not provided under Medicare. Services such as eyeglasses, hearing aids, and nursing facility care beyond the 100-day limit provided by Medicare may be included, as each State elects.

Disabled persons who lost Medicare benefits because of their return to work are now allowed to purchase Medicare HI and SMI coverage. For those disabled working persons with income below 200 percent of the Federal poverty level, the State Medicaid programs must pay the HI premium. The State Medicaid programs are not required to pay SMI premiums for these recipients.

Payment for Medicaid Services

Medicaid operates as a vendor payment program, with payments made directly to the providers. Providers participating in Medicaid must accept the Medicaid reimbursement level as payment in full. Each State has broad discretion in determining (within federally-imposed upper limits and specific restrictions) the reimbursement methodology and resulting rate for services, with three exceptions: (1) for institutional services, payment may not exceed amounts that would be paid under Medicare payment rates; (2) for disproportionate share hospitals (DSHs), rates are not bound by the Medicare upper limit; and (3) for hospice care services, rates cannot be lower than Medicare rates.

States may impose nominal deductibles, coinsurance, or copayments on some Medicaid recipients for certain services. Emergency services and family planning

services must be exempt from such copayments. Certain Medicaid recipients must be excluded from this cost sharing: pregnant women, children under age 18, hospital or nursing home patients who are expected to contribute most of their income to institutional care, and categorically needy HMO enrollees.

The amount of total Federal outlays for Medicaid has no set limit (cap); rather, the Federal government must match whatever the individual State decides to provide, within the law, for its eligible recipients. However, reimbursement rates must be sufficient to enlist enough providers so that Medicaid care and services are available under the plan at least to the extent that such care and services are available to the general population in that geographic area. Also, States must augment payment to qualified hospitals that provide inpatient services to a disproportionate number of Medicaid recipients and/or other low-income persons.

The portion of the Medicaid program which is paid by the Federal government, known as the Federal Medical Assistance Percentage (FMAP), is determined annually for each State by a formula that compares the State's average per capita income level with the national average. By law, the FMAP cannot be lower than 50 percent nor greater than 83 percent. The wealthier States have a smaller share of their costs reimbursed. The Federal government also shares in the State's expenditures for administration of the Medicaid program. Most administrative costs are matched at 50 percent for all States. However, depending on the complexities and need for incentives for a particular service, higher matching rates (75, 90 and 100 percent) are authorized by law for certain functions and activities.

Medicaid Trends

Initially, Medicaid was a medical care extension of federally funded income maintenance programs for the poor, with an emphasis on dependent children and their mothers. Over time, however, Medicaid has been diverging from a firm tie to eligibility for cash programs. Recent legislation ensures Medicaid coverage to an expanded number of low-income pregnant women; poor children; and some Medicare beneficiaries who are not eligible for any cash assistance program, and who would not have been eligible for Medicaid under earlier Medicaid rules. Legislative changes focus on enhanced outreach toward specific groups of pregnant women and children, increased access to care, and improved quality of care. Legislation also continued specific benefits beyond the normal run of Medicaid eligibility and placed some restrictions on States' ability to limit some services.

In addition to the increase in numbers of beneficiaries from new legislation, the most pronounced Medicaid trend in recent years has been the continued sharp increase in expenditures for intensive acute care, for nursing facility care for the mentally retarded and disabled, and for home health and nursing facility services for the aged and disabled.

The cost per Medicaid recipient has increased annually. This is due, primarily, to:

- the accelerated rate of inflation for medical and health-related services when compared to general inflation;

- the ability of new technology to keep more very low birth-weight babies and other critically ill or severely injured persons alive, but in need of continuing very expensive care;

- the increase in rates of reimbursement to the health care providers;

- the addition of new requirements to the Medicaid program; and

- the increase in the numbers of very old and disabled persons requiring extensive acute and/or long term health care and related services.

Federal outlays for the Medicaid program have increased from $2.5 billion in fiscal year (FY) 1970 to $51.5 billion in FY 1991 (an increase of 32.2 percent just since 1990). Total outlays for the Medicaid program in 1991, $90.5 billion, are expected to reach $119.46 billion in 1992. The compound rate increase between FY 1991 and FY 1996 is now projected to average 16.7 percent per year. Thus, if the current program expenditure trends continue and there are no significant changes to the Medicaid program, payments for the total (Federal and State) Medicaid program for 1996 are projected to be near $194 billion, and may exceed $320 billion by the year 2000.

DATA PRESENTED IN THE NATIONAL TABLES

The National Tables are samples of the wide range of Medicaid State program comparisons that spDATA can produce. Data presented in the National Tables represent selected Medicaid program characteristics rather than a reiteration of entire State plans. State plan characteristics are selected which best identify common features or highlight differences among the programs. Data in this report:

- are based on the approved State plan and SPAs entered into spDATA System by March 12, 1992; and

- are included if a pending SPA had a proposed effective date of March 11, 1992 or before. Information in the National Tables which is based on data extracted from a pending SPA is denoted by an asterisk (*).

The spDATA System will generate data for the National Tables or a variety of other comparisons that are current to the day the report is produced.

In order to provide a more complete picture of State reimbursement practices, the spDATA system includes data from sources outside of the Medicaid State plan and SPAs. For example, the National Tables in the Non-Institutional and Institutional Reimbursement sections include data on disproportionate share funding sources and donations and taxes programs that are abstracted from monthly State reports to HCFA and ROs. Additional rate information is taken from the "related information" section submitted with each SPA. Data taken from sources outside of the State plan are identified in footnotes on the Tables.

This compilation of spDATA System Medicaid State plan characteristics and National Tables will be updated on an annual basis.

The sequence of Tables in this report corresponds to the location of the data in the State plans. Important terms found in the Tables are defined in the narrative preceding the Tables and in the glossary (Appendix V). Definitions for all of the terms are not provided. For additional definitions, consult the *State Medicaid Manual* located in your Medicaid State agency or HCFA RO.

Section 1. Administration of the State Medicaid Programs

Table 1-1. Medicaid Coordination With Other Insurance Programs: Premiums, Deductibles, and Coinsurance 17
Table 1-2. Recipient Cost-sharing Policies 24

SECTION I: ADMINISTRATION OF STATE MEDICAID PROGRAMS

These data are abstracted from Sections 1-4, 6 and 7, Attachments 2.2-A, 4.18, 4.18-A through 4.18-E, and Supplement 1 to Attachment 4.19-B of the State plan.

Administration sections in the Medicaid State plan cover a broad range of topics under the general headings of: single State agency organization, coverage and eligibility, groups covered, agencies responsible for eligibility determination, general provisions of services, general program administration, personnel administration, financial administration, and general provisions. Eventually the spDATA System will capture data on all of the above topics. At this time, however, only two of these topics (Medicaid coordination with other insurance programs and recipient cost-sharing policies) are included in the National Tables.

Table 1-1 presents data on Medicaid coordination with other insurance programs. Medicaid regulations require States to coordinate benefits and service payment with other public and private insurance coverage. Medicaid is the payer of last resort. Therefore, recipients must assign to the State, as a condition of Medicaid eligibility, their right to third party payment for medical care. Sources of third party payment include private health insurance (through an employer or through the policy of another family member), automobile or other liability insurance, workers' compensation, and absentee parents' medical support payments.

A system for investigating third party claims must be in place in each State and integrated into the State's Medicaid Management Information System (MMIS).

An important source of third party coverage is Medicare. Under Federal law, State Medicaid programs are required to pay Medicare cost-sharing (Part B premiums, Part A premiums for those who must buy these premiums, coinsurance, and deductibles) for certain low-income Medicare beneficiaries. Qualified Medicare Beneficiaries (QMBs) are persons who are entitled to hospital insurance benefits under Medicare Part A and have income that does not exceed 100 percent of the Federal poverty level and resources that do not exceed twice the SSI resource limit.

States can choose to pay Medicare premiums through an arrangement known as a buy-in. Buy-in refers to the practice whereby States, under an agreement with the Secretary of HHS, have Medicaid pay the Medicare premium for Medicaid recipients.

States must pay Medicare Part A premiums for Qualified Disabled Working Individuals (QDWIs) who have income up to 150 percent of the Federal poverty level and resources up to two times the SSI resource limit. States may charge a premium for a QDWI whose income is between 150 and 200 percent of poverty.

Title II is the Federal Old-Age, Survivors, and Disability Insurance Benefits program. RRB is the Railroad Retirement Board.

Deductible--A deductible is the amount of loss or expense that must be incurred by an insured or otherwise covered individual before an insurer will assume any liability for all or part of the remaining costs of covered services.

Coinsurance--Coinsurance is a cost-sharing requirement under a health insurance policy which provides that the insured will assume a portion or percentage of the costs of covered services. Under Medicare, it is the portion of reimbursable hospital

and medical expenses, after subtraction of any deductible that Medicare does not cover.

Copayment--Copayments are a type of cost-sharing under Medicaid whereby insured or covered persons pay a specified flat amount per unit of service or unit of time, and the insurer pays the rest of the cost.

States may pay the premiums on certain types of insurance coverage if they are considered cost-effective. That is, Medicaid payment for the premiums is less than what Medicaid would have paid directly for the services. One option under this plan is risk contracts with health maintenance organizations (HMOs) or comparable organizations. Under this agreement, the HMO agrees to make certain services available to specified recipients in return for a fixed periodic payment, usually issued monthly by the Medicaid program on behalf of the recipient. This capitation payment is based on projected costs of services for a typical patient.

Medicaid pays all premiums, coinsurance, deductibles, and other cost-sharing responsibilities for Medicaid-eligible recipients who are enrolled in an employer group health plan. Group health plan rates must be cost-effective to Medicaid.

Table 1-2 identifies recipient cost-sharing policies. With certain exceptions, States may require Medicaid recipients to contribute toward the cost of their care through nominal cost-sharing. Services may not be denied to Medicaid recipients because of an inability to pay cost-sharing.

- Agency--For the purposes of this report, agency means Medicaid single State agency.

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	Y	N	N	N	Y	Y	N	N
PART A BUY-IN AGREEMENT	Y	Y	Y	Y	N	N	N	Y
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	Y	Y	N	Y
OTHER ARRANGEMENT	N	N	N	N	N	N	U	N
PREMIUMS FOR HMO ENROLLMENT	N	N	N	N	N	N	U	N
QDWIS								
PART A GROUP PAYMENT	Y	N	U	Y	U	Y	U	N
OTHER METHOD FOR PART A PAYMENT	N	Y	U	N	U	N	U	N
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y	Y	Y	Y	Y	Y	U	N
INDIVIDUALS RECEIVING TITLE-II OR RRB	N	N	N	N	N	N	Y	N
MEDICALLY NEEDY	N	N	N	N	N	N	U	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y	N	N	N	N	Y	U	N
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	Y	Y	Y	Y	Y	Y	U	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y	Y	Y	Y	Y	Y	U	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N	N	Y	Y	N	N	U	N
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y	Y	Y	Y	Y	Y	U	Y
DUAL ELIGIBLES	Y	Y	N	Y	Y	Y	U	N
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	N	N	N	N	Y	N	U	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y	Y	N	Y	N	Y	U	N
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y	Y	N	Y	Y	Y	U	N
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y	N	N	Y	N	N	U	N
MEDICARE RATE	N	Y	N	N	N	Y	U	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y	N	N	Y	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	Y	N	Y	N	N	Y	N	N
PART A BUY-IN AGREEMENT	Y	Y	N	Y	Y	N	Y	Y
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ARRANGEMENT	N	N	N	Y	N	N	N	N
PREMIUMS FOR HMO ENROLLMENT	Y	N	N	N	N	N	N	N
QDWIS								
PART A GROUP PAYMENT	Y	Y	Y	Y	Y	Y	Y	Y
OTHER METHOD FOR PART A PAYMENT	N	N	N	N	N	N	N	N
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	Y	N	N	N	N	N	Y	Y
MEDICALLY NEEDY	Y	Y	N	Y	N	N	N	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y	Y	Y	N	N	Y	Y	N
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	N	N	N	N	Y	N	N	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N	N	N	N	Y	N	N	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N	N	N	N	Y	N	N	N
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y	Y	Y	Y	Y	Y	Y	Y
DUAL ELIGIBLES	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	Y	N	N	Y	Y	N	Y	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N	Y	Y	N	N	Y	N	N
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y	Y	Y	Y	Y	Y	Y	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N	Y	N	N	N	N	N	N
MEDICARE RATE	Y	N	Y	Y	Y	Y	Y	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N	N	N	Y	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	Y	Y	Y	Y	U	Y	N	N
PART A BUY-IN AGREEMENT	N	Y	N	N	U	Y	N	Y
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	U	Y	Y	Y
OTHER ARRANGEMENT	N	N	N	N	U	N	N	N
PREMIUMS FOR HMO ENROLLMENT	N	N	N	N	U	U	N	N
QDWIS								
PART A GROUP PAYMENT	Y	Y	Y	U	U	Y	N	Y
OTHER METHOD FOR PART A PAYMENT	N	N	N	U	U	N	N	N
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N	Y	N	Y	Y	Y	Y	Y
MEDICALLY NEEDY	Y	N	N	N	Y	N	Y	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y	N	Y	Y	N	N	N	Y
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	Y	N	N	U	U	Y	N	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y	N	Y*	U	U	Y	N	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	Y	N	N*	U	U	Y	N	N
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y	Y	Y	U	U	Y	Y	Y
DUAL ELIGIBLES	Y	Y	Y	U	U	Y	Y	Y
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	N	Y	N	U	U	Y	Y	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y	N	Y	U	U	N	N	Y
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y	N	Y	U	U	N	Y	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y	N	N	U	U	U	Y	Y
MEDICARE RATE	N	Y	Y	U	U	U	Y	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	Y	N	N	U	U	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	N	Y	N	N	Y	N	Y	Y
PART A BUY-IN AGREEMENT	Y	N	Y	N	Y	Y	N	Y
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ARRANGEMENT	N	N	N	N	N	N	N	N
PREMIUMS FOR HMO ENROLLMENT	N	N	N	N	N	N	U	N
QDWIS								
PART A GROUP PAYMENT	Y	Y	Y	Y	U	U	Y	Y
OTHER METHOD FOR PART A PAYMENT	N	N	N	N	U	U	N	N
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y	N	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N	N	N	N	N	Y	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N	N	Y	N	N	Y	Y	Y
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	N	N	Y	Y	N	Y	Y*	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N	Y	Y	Y	N	Y	Y*	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N	U	N	N	N	Y	N*	Y
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y	Y	Y	Y	Y	Y	Y	Y
DUAL ELIGIBLES	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	Y	Y	N	Y	Y	N	N	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N	N	Y	N	N	Y	Y	N
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y	Y	Y	Y	Y	Y	Y	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N	N	Y	N	N	U	Y	N
MEDICARE RATE	Y	Y	Y	Y	N	U	N	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N	Y	Y	N	Y	U	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	N	Y	N	N	N	N	Y	U
PART A BUY-IN AGREEMENT	Y	N	N	Y	N	N	Y	U
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	Y	Y	Y	U
OTHER ARRANGEMENT	N	N	N	N	N	N	N	U
PREMIUMS FOR HMO ENROLLMENT	Y	N	N	N	N	N	N	U
QDWIS								
PART A GROUP PAYMENT	Y	Y	N	N	Y	Y	Y	U
OTHER METHOD FOR PART A PAYMENT	N	N	N	Y	Y	N	N	U
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N	N	Y	Y	N	N	Y	Y
MEDICALLY NEEDY	N	N	N	N	Y	N	Y	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	Y	Y	N	Y	Y	N	Y	Y
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	Y*	N	N	N	N	Y	N	U
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y*	N	N	N	N	Y	N	U
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N*	N	N	N	N	N	N	U
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	Y*	Y	N	N	Y	Y	Y	Y
DUAL ELIGIBLES	Y*	Y	N	N	Y	Y	Y	U
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	N*	Y	N	N	N	N	Y	N
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	Y*	Y	N	N	Y	Y	N	Y
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	Y*	Y	N	N	Y	Y	N	U
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	Y*	N	N	N	Y	Y	Y	U
MEDICARE RATE	N*	Y	N	Y	N	N	N	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N*	N	N	N	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
<< PREMIUMS >>								
MEDICARE PART A AND PART B								
QMBS								
PART A GROUP PAYMENT	Y	Y	Y	Y	Y	N	Y	N
PART A BUY-IN AGREEMENT	N	N	Y	N	N	Y	N	Y
PART B BUY-IN AGREEMENT	Y	Y	Y	Y	Y	Y	Y	Y
OTHER ARRANGEMENT	N	N	N	N	N	N	N	N
PREMIUMS FOR HMO ENROLLMENT	N	N	N	N	N	N	N	N
QDWIS								
PART A GROUP PAYMENT	N	Y	Y	Y	Y	N	Y	N
OTHER METHOD FOR PART A PAYMENT	Y	N	N	N	N	Y	N	Y
OTHERS ELIGIBLE FOR MEDICARE PART B								
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	N	N	N	Y	N	Y	Y	Y
MEDICALLY NEEDY	N	N	N	Y	N	N	Y	Y
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	N	N	Y	Y	N	N	Y	N
OTHER HEALTH INSURANCE								
PREMIUMS PAID IF COST-EFFECTIVE	Y	Y	N	N	Y	Y	N	Y
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	Y	N	Y	Y*	Y	Y	N	Y
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N	N	N	N	N	N	N	N
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>								
MEDICARE PARTS A AND B								
QMBS	N	Y	Y	Y	Y	Y	Y	Y
DUAL ELIGIBLES	N	Y	Y	Y	Y	Y	Y	Y
OTHER ELIGIBLES								
FULL RANGE OF SERVICES UNDER MEDICARE	N	Y	N	N	Y	Y	N	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N	N	Y	Y	N	N	Y	N
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>								
PLAN DESCRIBES RATES AND METHODS	N	Y	Y	Y	Y	Y	Y	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N	N	Y	Y	N	N	Y	N
MEDICARE RATE	Y	Y	Y	N	Y	Y	N	N
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N	N	Y	Y	Y	N	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

MEDICAID COORDINATION WITH OTHER INSURANCE PROGRAMS:
PREMIUMS, DEDUCTIBLES, AND COINSURANCE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
<< PREMIUMS >>			
MEDICARE PART A AND PART B			
QMBS			
PART A GROUP PAYMENT	N	N	N
PART A BUY-IN AGREEMENT	Y	Y	Y
PART B BUY-IN AGREEMENT	Y	Y	Y
OTHER ARRANGEMENT	N	N	N
PREMIUMS FOR HMO ENROLLMENT	N	N	N
QDWIS			
PART A GROUP PAYMENT	N	Y	N
OTHER METHOD FOR PART A PAYMENT	N	N	Y
OTHERS ELIGIBLE FOR MEDICARE PART B			
ALL INDIVIDUALS LISTED IN 42 CFR 431.625	U	Y	Y
INDIVIDUALS RECEIVING TITLE-II OR RRB	U	Y	N
MEDICALLY NEEDY	U	N	N
PAYMENT FOR DEDUCTIBLES AND COINSURANCE LIMITED TO PLAN SERVICES	U	Y	N
OTHER HEALTH INSURANCE			
PREMIUMS PAID IF COST-EFFECTIVE	N	N	N
PREMIUMS, COINSURANCE, DEDUCTIBLES AND OTHER COST SHARING PAID FOR COST-EFFECTIVE EMPLOYER GROUP PLANS	N	Y	N
SECRETARY'S METHOD OF COST-EFFECTIVENESS USED	N	N	N
<< DEDUCTIBLES AND COINSURANCE FOR MEDICARE >>			
MEDICARE PARTS A AND B			
QMBS	N	Y	Y
DUAL ELIGIBLES	N	Y	Y
OTHER ELIGIBLES			
FULL RANGE OF SERVICES UNDER MEDICARE	N	Y	Y
ONLY SERVICES OTHERWISE AVAILABLE UNDER THE PLAN	N	N	N
<< METHOD OF PAYMENT FOR DEDUCTIBLES AND COINSURANCE >>			
PLAN DESCRIBES RATES AND METHODS	N	Y	Y
OTHER THAN MEDICARE RATE FOR NON-PLAN SVCS	N	Y	N
MEDICARE RATE	N	N	Y
SPECIAL RATE OR METHOD SPECIFIED IN PLAN	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	N	Y	N	Y	Y	N	N
ALL INDIVIDUALS (AGE) OR OLDER	18	N	N	N	19	19	N	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N	N	N	N	N	N	N	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	N	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	Y	N	N	N
ALL INDIVIDUALS (AGE) OR OLDER	N	N	N	N	19	N	N	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	N	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N	N	Y	N	Y	N	N	N
MEDICALLY NEEDY	N	N	N	N	Y	N	N	N
SERVICES PROVIDED BY HMOS	N	N	Y	N	N	N	N	N
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	N	Y	N	Y	Y	N	N
MEDICALLY NEEDY	N	N	N	N	Y	N	N	N
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	N	N	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N	N	N	N	Y	N	N	N

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U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	N	N	N	Y	N	Y
ALL INDIVIDUALS (AGE) OR OLDER	21	21	N	N	N	N	N	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N	N	N	N	N	18	N	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 15D% OF FPL	N	N	N	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	Y	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	Y	Y	N	N	N	Y	N	N
ALL INDIVIDUALS (AGE) OR OLDER	21	21	N	N	N	N	N	21
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	18	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y	N	N	N	N	N	N	N
MEDICALLY NEEDY	Y	N	N	N	N	N	N	N
SERVICES PROVIDED BY HMDS	N	N	N	N	N	N	N	N
<< CHARGES ARE CDLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	N	N	N	Y	N	Y
MEDICALLY NEEDY	N	Y	N	N	N	Y	N	Y
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< STATE OR LDCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WDMEN	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	Y	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< OTHER PDLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	N	N	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PRDVIDED IN HDSPITAL EMERGENCY RDOMS	N	N	N	N	N	N	N	N

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U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	N	N	Y	N	N	Y	N
ALL INDIVIDUALS (AGE) OR OLDER	18	N	N	21	N	N	21	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N	N	N	21	N	N	N	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	N	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	N	N	Y	N	N	Y	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	U	N	N	N	N
MEDICALLY NEEDY	Y	N	N	U	N	N	Y	N
ALL INDIVIDUALS (AGE) OR OLDER	18	N	N	N	N	N	21	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	N	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y	N	N	N	N	N	Y	N
MEDICALLY NEEDY	Y	N	N	N	N	N	Y	N
SERVICES PROVIDED BY HMOS	Y	N	N	N	N	N	N	N
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	N	N	Y	N	N	Y	N
MEDICALLY NEEDY	Y	N	N	N	N	N	Y	N
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	Y	N	N	N	N
MEDICALLY NEEDY	N	N	N	Y	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	U	Y	N	U	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	U	Y	N	U	N	N	N	N
MEDICALLY NEEDY	U	Y	N	U	N	N	N	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	N	N	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	U	N	N	U	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	Y	N	N	Y	N	N
ALL INDIVIDUALS (AGE) OR OLDER	N	18	21	N	N	18	N	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N	N	N	N	N	18	N	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	N	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	Y	N	N	Y	N	N
ALL INDIVIDUALS (AGE) OR OLDER	N	N	21	N	N	18	N	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	18	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	Y	Y	N	N	N	Y	N	N
MEDICALLY NEEDY	N	N	N	N	N	Y	N	N
SERVICES PROVIDED BY HMOS	N	N	N	N	N	N	N	N
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	Y	N	N	Y	N	N
MEDICALLY NEEDY	N	N	Y	N	N	Y	N	N
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N*	N	N	N	N	N	N	N
MEDICALLY NEEDY	N*	N	N	N	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	N*	N	N	N	N	U	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N*	N	N	N	N	U	N	N
MEDICALLY NEEDY	N*	N	N	N	N	U	N	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N*	N	N	N	U	U	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N*	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	Y	N	N	N	N	Y	N
ALL INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	N	18	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N	18	N	N	N	N	N	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	N	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	N	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	Y	N	N	N	N	Y	N
ALL INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	N	18	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N	18	N	N	N	N	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N	Y	N	N	N	N	N	N
MEDICALLY NEEDY	N	Y	N	N	N	N	N	N
SERVICES PROVIDED BY HMOS	N	N	N	N	N	N	Y	N
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	Y	N	N	N	N	Y	N
MEDICALLY NEEDY	N	Y	N	N	N	N	Y	N
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	N	N	N	N	U	N	U	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N	N	U	N	U	N
MEDICALLY NEEDY	N	N	N	N	U	N	U	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	N	N	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N	N	N	N	U	N	N	N

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RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
<< CHARGES ARE IMPOSED ON: >>								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	Y	Y	N	N	Y	Y	N
ALL INDIVIDUALS (AGE) OR OLDER	N	18	N	N	N	18	21	N
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	N	N	N	N	N	18	N	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	Y	N	N	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	Y	N	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	Y	N	N	Y	N	N
MEDICALLY NEEDY	N	N	Y	N	N	Y	Y	N
ALL INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	18	21	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	N	N	N	N	N	18	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:								
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N	Y	Y	N	N	N	Y	N
MEDICALLY NEEDY	N	N	Y	N	N	N	Y	N
SERVICES PROVIDED BY HMOS	N	N	N	N	N	N	N	N
<< CHARGES ARE COLLECTED BY: >>								
PROVIDERS								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	N	N	N	Y	Y	N
MEDICALLY NEEDY	Y	N	N	N	N	Y	Y	N
THE AGENCY								
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N	N	N	N	N	N
MEDICALLY NEEDY	N	N	N	N	N	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>								
LOW-INCOME PREGNANT WOMEN	N	N	Y	N	N	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	Y	N	N	N	N	N
MEDICALLY NEEDY	N	N	Y	N	N	N	N	N
<< OTHER POLICIES >>								
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	N	N	N	N	N	N	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

RECIPIENT COST-SHARING POLICIES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
<< CHARGES ARE IMPOSED ON: >>			
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	Y
ALL INDIVIDUALS (AGE) OR OLDER	18	U	21
REASONABLE CATEGORIES OF INDIVDUALS (AGE) OR OLDER	18	U	N
PREGNANT WOMEN AND INFANTS WITH INCOME OVER 150% OF FPL	N	N	N
FAMILIES ON EXTENDED MEDICAID FOR SECOND 6-MONTH PERIOD	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N
MEDICALLY NEEDY	Y	Y	N
ALL INDIVIDUALS (AGE) OR OLDER	18	N	N
REASONABLE CATEGORIES OF INDIVIDUALS (AGE) OR OLDER	18	N	N
NON-PREGNANCY RELATED SERVICES PROVIDED TO PREGNANT WOMEN:			
CATEGORICALLY NEEDY AND IN OTHER SPECIAL GROUPS	N	Y	Y
MEDICALLY NEEDY	N	Y	N
SERVICES PROVIDED BY HMOS	N	N	N
<< CHARGES ARE COLLECTED BY: >>			
PROVIDERS			
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	Y	Y	Y
MEDICALLY NEEDY	Y	Y	N
THE AGENCY			
CATEGORICALLY NEEDY AND OTHER SPECIAL GROUPS	N	N	N
MEDICALLY NEEDY	N	N	N
<< STATE OR LOCAL FUNDS ARE USED FOR: >>			
LOW-INCOME PREGNANT WOMEN	N	N	N
QUALIFIED DISABLED WORKING INDIVIDUALS	N	N	N
MEDICALLY NEEDY	N	N	N
<< OTHER POLICIES >>			
NON-PAYMENT OF CHARGES AFFECTS ELIGIBILITY	N	U	N
WAIVER PERMITS MORE THAN NOMINAL CHARGES FOR NON-EMERGENCY SERVICES PROVIDED IN HOSPITAL EMERGENCY ROOMS	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

Section 2: Eligibility Profiles of State Medicaid Programs

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SECTION 2: ELIGIBILITY PROFILES OF STATE MEDICAID PROGRAMS

These data are abstracted from Attachments 2.2-A and 2.6-A of the State plan. Data from Supplements 1,2, 6-8, 8a, 8b and 13 to Attachment 2.6-A are also included.

Medicaid is available to individuals under age 18, 19, 20 or 21, certain relatives of dependent needy children, pregnant women, the aged (65 and older), the blind, and the disabled who meet specific eligibility requirements set forth in the Medicaid statute. With very few exceptions, such individuals meet a financial means test. That is, their income and resources must be within certain limits.

All States provide Medicaid to recipients of Aid to Families with Dependent Children (AFDC) and most States provide Medicaid to aged, blind, and disabled Supplemental Security Income (SSI) recipients. However, there are States which use more restrictive eligibility requirements for the aged, blind, and disabled than are used to determine SSI eligibility. The latter States are called section 1902(f) or 209(b) States. States also extend Medicaid to additional groups of families, children, pregnant women, aged, blind, and disabled individuals. Some are mandatory groups - that is, States are required to include such individuals under their plan. Others are optional groups.

General Information

- The mandatory groups listed on the following Tables are listed as AFDC-related and aged, blind, and disabled. AFDC-related groups are groups most closely related to the AFDC program in their characteristics and eligibility requirements. Aged, blind, and disabled groups are most closely related to the SSI program in their characteristics and requirements. The more restrictive eligibility requirements used by 209(b) States apply to the aged, blind, and disabled eligibility groups unless Medicaid law requires, or allows them to use different requirements.

- Many of the optional eligibility groups listed on the Tables include a sub-listing: aged, blind, disabled, caretaker relatives, children under (age), and pregnant women. When sub-listings appear, this means that States may choose any one or more of the groups listed. The Table will indicate the elections States have made. In the case of children, a numerical entry of 18-21 indicates that a State has elected to include children under age 18, 19, 20 or 21 under the particular eligibility group identified.

- Tables 2-4 through 2-6 list income standards States have elected to use for various eligibility groups. In some cases, States vary income standards based on the differences in cost of living in different geographical areas. Whenever a Table reflects "Y" after this indicator, it means that a State has exercised its option to use different income standards in one or more geographical areas.

I. MANDATORY ELIGIBILITY GROUPS

The categories of individuals that States are required to include under their plans are listed in Tables 2-1 and 2-2.

A. AFDC-Related Eligibility Groups

- **Cash Recipients**

  These are individuals who actually receive AFDC payments. Individuals who receive cash payments are:

  - children who are deprived of parental support or care of one or both parents;

  - families in which the principle wage earner is unemployed must be included. States are not required to make AFDC payments to these families where the family has received these payments in at least six out of the preceding 12 months. However, States have the option to make payments to these families who were receiving these payments in a greater number of months than six out of the preceding 12 months. The relevant number of months used by the State for this purpose is indicated in the Table;

  - pregnant women (whose pregnancy has been medically verified), who have no other children, where the child is expected to be born within four months, where the State has elected to pay an AFDC benefit based upon the needs resulting from her pregnancy; and

  - payments must be made to otherwise eligible children up to age 18, and may be made to age 19 when the children are students under certain circumstances (see 406(a)(2)(B) of the Act). States' options are reflected in the Table.

- **Individuals deemed to be AFDC recipients**

  These are eligibility groups the Congress has classified as individuals who are to be considered as having the same status as AFDC recipients under States' Medicaid plans. Individuals with this status are:

  - individuals who do not receive AFDC simply because States are not required to make payment of less than $10;

  - certain individuals who participate in State Work Supplementation programs. Under these programs, AFDC may supplement the wages paid by employers;

  - individuals who do not receive an AFDC payment solely because of recoupment of a prior AFDC overpayment;

  - certain individuals who become ineligible for AFDC payments, in whole or in part, due to an increase in child or spousal support receive four additional months of Medicaid; and

- title IV-E recipients--Children who are in foster care or adoption assistance programs funded or authorized under title IV-E.

o **Non Cash Recipients**

Non-cash recipients are not receiving cash payments and are not deemed to be receiving cash payments. These individuals include:

- qualified family members--Families with unemployed parents who do not receive AFDC payments for a full 12 months of each calendar year, but who continue to meet the AFDC requirements for receipt of cash payments. There are no qualified families in States which make AFDC payments to families with unemployed parents 12 months of each calendar year;

- work-related transitional Medicaid recipients who receive 6-12 additional months of Medicaid when they lose AFDC payments due to increased earnings or hours of employment or because of the loss of the $30 and 1/3 earned income disregards. The family must have received AFDC at least three of the six months immediately preceding the month in which the AFDC ineligibility begins;

- individuals denied Medicaid because the income and resources of persons other than a parent or spouse are used to determine eligibility, even though not actually made available (e.g., income and resources of siblings, stepparents, and grandparents);

- individuals who were eligible for or receiving AFDC in August 1972 and entitled to title II Social Security benefits in that month. If in any month thereafter, the individual would have been financially eligible for AFDC except for the 1972 cost of living adjustment (COLA), she or he is deemed to be an AFDC recipient for purposes of Medicaid;

- qualified pregnant women whose pregnancies have been medically verified and who meet AFDC income and resource requirements. Pregnant women's income and resources are measured against an AFDC standard which counts the unborn child. Qualified children must be under age 19 and meet AFDC income and resource requirements and were born after September 30, 1983 or an earlier date specified in the plan;

- poverty level pregnant women and children under age one whose family income does not exceed 133 percent of the Federal poverty level (FPL). States which used an FPL for pregnant women or infants which as of specified dates was greater than 133 percent of the poverty level and less than 185 percent of the poverty level or which had the authority to use such a level are required to continue to use the higher level for these groups;

- poverty level children under age six whose income does not exceed 133 percent FPL;

- poverty level children over age six and under age 19 who were born after September 30, 1983, and whose family income does not exceed 100 percent FPL;

- former pregnant women who, for at least 60 days immediately following the end of their pregnancies, remain eligible only for post-partum services under States' plans; and

- children under one whose mothers were Medicaid eligible when the children were born. This eligibility continues while the mother is eligible for Medicaid (or would remain eligible if pregnant) so long as the child lives with her.

B. **Aged, Blind, and Disabled**

Table 2-1.2 lists mandatory eligibility groups for the aged, blind, and disabled. The groups listed are:

o **Cash Recipients**

- SSI recipients;

- aged, blind, or disabled in 209(b) States. Table 2-6 lists some of the more restrictive financial and non-financial eligibility requirements employed by such States; and

- mandatory State supplement recipients--certain individuals who received assistance payments under the cash programs administered by States immediately before the SSI program was implemented, when the amount of the cash benefits were higher than the SSI benefit they would receive.

o **Deemed Recipients of SSI**

These are eligibility groups the Congress has classified as individuals who are to be considered in the same status as SSI recipients. Under certain circumstances, 209(b) States must also include such individuals under their plans:

- severely disabled individuals whose income (including earnings) exceeds SSI limits, but is not sufficient to cover SSI and Medicaid benefits;

- disabled widowers who lost SSI or optional State supplementary payments (SSP) eligibility because of a change in how Social Security benefits were calculated in 1983.

  Note: Under certain circumstances, 209(b) States classify these individuals as categorically needy under their plan.

- disabled widowers who lost SSI or optional State supplementary payment (SSP) eligibility because of early Social Security benefits and who are not entitled to Medicare Part A.

  Note: 209(b) States classify these individuals as categorically needy under their plan.

o **Non-Cash Recipients**

- essential spouses of aged, blind, or disabled individuals who were receiving cash assistance in December 1973 under the State administered programs which preceded SSI, in States which provided Medicaid to essential spouses in that month, who continue to live with their spouse, where both the individual and the spouse continue to meet the December 1973 criteria for cash assistance;

- individuals who have since December 1973 been continuously institutionalized in Medicaid facilities, who received (or except for their institutional status would have been eligible to receive) cash assistance in that month under the State administered programs which preceded SSI, who were eligible for Medicaid, and who continue to meet the December 1973 eligibility criteria and have the need for institutional care;

- blind and disabled individuals who meet current requirements for Medicaid eligibility; were eligible for Medicaid in December 1973 as blind or disabled individuals, whether or not they were receiving cash assistance in December 1973; and for each consecutive month after December 1973, continue to meet the criteria for blindness or disability and the other conditions of eligibility used under the Medicaid plan in December 1973;

- individuals who became ineligible for SSI or SSP because of a Social Security benefit increase in August 1972;

- individuals who were eligible for SSI or SSP and title II benefits concurrently in a month after April 1977, who would be eligible for SSI or an SSP except for title II cost of living adjustments received since that month;

  Note: 209(b) States must disregard the relevant title II COLAs to determine whether an individual qualifies for the special status of receiving Medicaid as categorically needy. However, 209(b) States need not disregard these title II COLAs in computing the individual's countable income when determining whether the individual is eligible, or if not, the amount of his or her income spenddown. The "yes" and "no" responses indicate whether the 209(b) States disregard the income for these qualifying individuals in the eligibility process.

- blind or disabled children over age 18 who received SSI or a State supplement based upon blindness or disability which began

before they became age 22, who lose SSI or SSP eligibility because they become entitled to a Social Security child's benefit or an increase in those benefits, and who would be eligible for SSI or an SSP except for the child's benefit or an increase in those benefits;

Note: 209(b) States need not disregard these children's benefits or the increased amounts of these benefits in determining the individual's countable income for purposes of Medicaid eligibility. However, these States must disregard this income to determine whether the individual qualifies for the special status which will result in receiving Medicaid as categorically needy (if the individual satisfies the income test).

- individuals denied or found ineligible for SSI or optional SSPs because of an eligibility condition under those programs that is prohibited under the Medicaid statute;

- qualified Medicare beneficiaries (those beneficiaries with incomes below the Federal poverty level and with resources at or below twice the standard allowed under the SSI program); and

- qualified disabled working individuals (low-income, disabled individuals who are entitled to enroll in Medicare, Part A benefits under title XVIII).

II. OPTIONAL ELIGIBILITY GROUPS

Table 2-2.1 and 2-2.2 list optional eligibility groups (other than the medically needy) States have elected to include under their plans. Included in the list are:

o pregnant women and infants who are not covered under the mandatory eligibility groups and who have income between 133 percent of the FPL and 185 percent of the FPL;

o aged and disabled individuals whose income does not exceed a State standard which is not in excess of 100 percent of FPL;

o presumptively eligible pregnant women (providers may make an interim determination that a pregnant woman may be eligible for Medicaid because her income is equal to or below the State's income standard. Once the provider has established tentative eligibility, the woman may receive ambulatory prenatal care for a specified period of time);

o individuals entitled to COBRA continued coverage who have income less than 100 percent of the poverty level, who have resources less than twice the SSI level, where the State determines the payment of the COBRA premiums is likely to result in savings to the Medicaid program;

o HMO enrollees for whom Medicaid is provided for a minimum period even though they may not otherwise be eligible;

- individuals for whom States, at their option, pay health insurance premiums to cost-effective employer group health plans, for minimum enrollment periods;

- individuals who would be eligible for AFDC, SSI, SSP if they were living in the community instead of an institution;

- individuals who are determined to be eligible for home and community-based services (through a waiver) based on eligibility requirements that would be used if they lived in an institution instead of eligibility requirements that would be used if they lived in the community;

- children who are under State adoption assistance agreements (other than title IV-E) and who had special medical needs before the adoption assistance agreements were entered into;

- disabled children under age 18 where the individual requires a level of care provided in a hospital, nursing facility, or ICF/MR who would be eligible if living in an institution and the State has determined that services provided in the community would be less costly than those provided in an institution;

  Note: Disabled children in 209(b) States who meet these criteria must meet the States' more restrictive eligibility requirements, but the children are deemed to have no more income than a child receiving SSI benefits.

- individuals who meet the financial requirements for the receipt of cash payments (AFDC, part E of title IV, SSI, and the State plan programs under titles I, X, XIV, or XVI), but who do not receive payments;

- individuals electing to receive hospice services in the community instead of an institution and who meet the eligibility requirements that would be applied if they were living in an institution instead of the community;

- individuals who would be eligible for AFDC if child care costs were paid from earnings rather than by a State agency;

- all children under age 18, 19, 20, or 21 who meet the income and resource requirements of the State's AFDC plan, or reasonable classifications of children who meet these requirements. The reasonable classifications listed are examples of classifications the Secretary has found to be reasonable. Other classifications may also be reasonable;

- individuals who would be eligible for AFDC if the State's AFDC agency elected all of the options available to States under title IV-A;

- optional SSP recipients or individuals who are eligible for those payments, or who would be eligible for those payments if they were not in a medical institution. This group also includes individuals who receive a State administered optional SSP, in States without 1634 agreements, where income for purposes of eligibility for the supplement is counted using

more restrictive rules than those of the SSI program. An SSP is a cash payment made by a State on a regular basis to an individual receiving SSI or who, except for income would receive SSI; and

Note: Some States make such payments to such individuals but do not include them as an optional eligibility group under their Medicaid plans.

o institutionalized individuals who have income below a special income level set by the State. The special income level may not exceed 300 percent of the SSI Federal benefit rate (FBR). Individuals must meet the resource requirements of the appropriate State plan or the SSI program in order to qualify under the special income standard group.

III. MEDICALLY NEEDY

Another optional eligibility group is the medically needy as depicted in Table 2-3. These are individuals under age 18, 19, 20, or 21; specified relatives of dependent children (caretakers); aged; blind; disabled; or pregnant women who because of income and/or resources are ineligible under the mandatory or optional eligibility groups already described.

Individuals under this option meet income and resource requirements specific to the medically needy. A unique feature of this option is that individuals can attain eligibility by spending down income in excess of the medically needy income eligibility standard. That is, income in excess of the eligibility standard, often referred to as the medically needy income level (MNIL), can be offset within a specified period of time by incurring medical expenses equal to the amount of excess income; or at State option, individuals may pay excess income to the State Medicaid agency and become income eligible.

o **Individuals Who Must be Included**

States electing to include the medically needy under their plans must include:

- pregnant women who are ineligible under mandatory or optional eligibility groups listed in Tables 2-1 and 2-2 because of too much income and/or resources;

- former pregnant women who, for at least 60 days immediately following the end of their pregnancies, remain eligible only for post-partum services under States' plans;

- children under age 18 who are ineligible for AFDC or SSI or other mandatory eligibility groups listed in Table 2-1 because of too much income and/or resources; and

- certain medically needy individuals included under States' plans as medically needy in 1973.

- **Individuals included at State Option**

  States electing to include the medically needy under their plans may at their option include:

  - specified relatives of needy dependent children. These are the relatives who receive AFDC for dependent children;
  - aged;
  - blind;
  - disabled;
  - States may elect to provide a minimum period of eligibility (not to exceed six months) for enrollees in HMOs even though the individuals may otherwise become ineligible during this period;
  - individuals required to enroll in cost-effective employer-based group health plans at the State's option remain eligible for a minimum enrollment period; and
  - individuals not included in the mandatory categories who are financially eligible children under 18, 19, 20, or 21, or reasonable classifications of those children.

IV. FINANCIAL CRITERIA

Tables 2-4, 2-5, 2-6 and 2-7 reflect a variety of income and resource standards and methods States use to determine Medicaid eligibility under their plans.

- Table 2-4--AFDC Payment Standards

  Generally, the AFDC payment standards reflected in this Table are used to determine eligibility for all of the AFDC-related eligibility groups listed on
  Tables 2-1 and 2-2. That is, income used to determine eligibility is compared to these standards. When income exceeds the standards, individuals and families are ineligible based on income. Exceptions to these AFDC payment standards are the mandatory and optional eligibility groups of pregnant women and children whose family income is compared to standards that are equal to specified percentages of the FPL.

- Table 2-5--Medically Needy Financial Criteria

  The following States have medically needy programs: AR, CA, CT, DC, FL, GA, HI, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MT, NE, NH, NJ, NV, NC, ND, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, and WI.

This Table reflects the number of months States used to calculate income for medically needy eligibility. States have the option of designating one or two budget periods for this calculation. The time periods used for this purpose may not exceed six months. These time periods are referred to as spenddown periods.

Table 2-5 also reflects the standards to which income is compared in the eligibility process. Usually these amounts are reflected in monthly amounts and are multiplied by the number of months in the spenddown period in the eligibility calculation. These standards are referred to as income levels in the Table.

In addition, the Table indicates the resource standards (i.e., levels) used in the eligibility calculation. To be eligible, resources must be equal to or below these standards.

V. 209(b) AGED, BLIND, AND DISABLED

Table 2-6 identifies which States are 209(b) States (CT, HI, IL, IN, MN, MO, NH, NC, ND, OH, OK, and VA) and provides the following information on the more restrictive requirements States apply under the 209(b) option:

- the categories of individuals (i.e., the aged, the blind, the disabled) whose eligibility is based on use of eligibility requirements;
- whether the State uses a more restrictive definition of disability and whether the category of disabled is limited to individuals age 18 and older;
- the number of more restrictive income and resource methods used; and
- the more restrictive income and resource eligibility standards.

VI. 1902(r)(2) INCOME AND RESOURCE METHODS

The following States use section 1902(r)(2) income and resource methods: AK, AR, CA, DE, FL, GA, HI, ID, IN, IA, KS, KY, ME, MA, MI, MN, MS, MO, MT, NE, NV, NY, NC, ND, OR, PA, RI, SC, TN, UT, VT, VA, and WA.

Table 2-7 shows the following information on the more liberal methods (i.e., methods more liberal than AFDC or SSI) States are using to determine eligibility under the authority of section 1902(r)(2):

- for both AFDC-related and aged, blind, and disabled groups there is an indicator reflecting whether the State has elected to use more liberal income and resource methods for the categorically needy, medically needy, poverty level groups and whether the methods vary by category; and
- specific more liberal income and resource methods HCFA identified as methods States are frequently electing or those which are topical.

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
<< AFDC RELATED GROUPS >>								
CASH RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)	Y	Y	Y	Y	Y	Y*	Y	Y
OPTIONAL ADDITIONAL MONTHS	6	6	N	N	6	N*	N	6
PREGNANT WOMEN WITH NO CHILDREN	N	Y	Y	N	Y	Y	Y	Y
AGE 18 STUDENT AFDC RECIPIENTS	N	Y	Y	N	Y	Y	Y	N
DEEMED RECIPIENTS								
INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN $10	Y	Y	Y	Y	Y	Y	Y	Y
WORK SUPPLEMENTATION PARTICIPANTS	N	Y	N	N	Y	N	Y	N
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL BENEFITS WHERE AFDC WAS LOST DUE TO CHILD SUPPORT PAYMENTS	Y	Y	Y	Y	Y	Y	Y	Y
TITLE IV-E RECIPIENTS	Y	Y	Y	Y	Y	Y	U	Y
NON-CASH RECIPIENTS								
MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS	N	N	Y	Y	N	Y*	U	Y
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS	Y	Y	Y	Y	Y	Y	U	Y
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED BY MEDICAID	Y	Y	Y	Y	U	Y	U	Y
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC	N	Y	Y	Y	Y	Y	U	Y
QUALIFIED PREGNANT WOMEN AND CHILDREN	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL PREGNANT WOMEN AND INFANTS	Y	N	Y	Y	Y	Y*	N	Y
POVERTY LEVEL CHILDREN UNDER 6	Y	Y	Y	Y	Y	Y*	N	Y
POVERTY LEVEL CHILDREN OVER 6	Y	Y	Y	Y	Y	Y*	N	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE WHEN THEY WERE BORN	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
<< AGED, BLIND, DISABLED >>								
CASH RECIPIENTS								
SSI								
AGED	Y	Y	Y	Y	Y	Y	N	Y
BLIND	Y	Y	Y	Y	Y	Y	N	Y
DISABLED	Y	Y	Y	Y	Y	Y	N	Y
INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))	N	N	N	N	N	N	Y	N
AGED	N	N	N	N	N	N	Y	N
BLIND	N	N	N	N	N	N	Y	N
DISABLED	N	N	N	N	N	N	Y	N
MANDATORY STATE SUPPLEMENT RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS OF SSI								
SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)	Y	Y	Y	N	Y	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR	Y	Y	Y	Y	Y	Y	NA	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE	N	Y	N	Y	N	Y*	NA	Y
NON-CASH RECIPIENTS								
ESSENTIAL SPOUSES (SINCE 1973)	N	Y	N	Y	N	Y	Y	N
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS	Y	Y	Y	Y	Y	Y	NA	Y
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS	Y	Y	Y	Y	Y	Y	NA	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED MEDICARE BENEFICIARIES	Y	Y	Y	Y	Y	Y	N	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	Y	Y	Y	Y	Y	Y	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
<< AFDC RELATED GROUPS >>								
CASH RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)	U	Y	Y	Y	Y	Y	Y	Y
OPTIONAL ADDITIONAL MONTHS	U	N	N	N	N	N	6	6
PREGNANT WOMEN WITH NO CHILDREN	Y	Y	N	Y	Y	Y	N	N
AGE 18 STUDENT AFDC RECIPIENTS	Y	N	N	Y	Y	Y	N	Y
DEEMED RECIPIENTS								
INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN $10	Y	Y	Y	Y	Y	Y	N	Y
WORK SUPPLEMENTATION PARTICIPANTS	N	N	N	Y*	Y	N	Y	Y
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL BENEFITS WHERE AFDC WAS LOST DUE TO CHILD SUPPORT PAYMENTS	Y	Y	Y	Y	Y	Y	Y	Y
TITLE IV-E RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
NON-CASH RECIPIENTS								
MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS	Y	Y	Y	Y*	Y	N	Y	N
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED BY MEDICAID	U	Y	Y	U	Y	U	Y	Y
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC	Y	Y	Y	Y	Y	Y	N	Y
QUALIFIED PREGNANT WOMEN AND CHILDREN	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL PREGNANT WOMEN AND INFANTS	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL CHILDREN UNDER 6	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL CHILDREN OVER 6	Y	Y	Y	Y	Y	Y	N	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE WHEN THEY WERE BORN	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

<< AGED, BLIND, DISABLED >>

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
CASH RECIPIENTS								
SSI								
AGED	Y	Y	Y	N	Y	N	N	Y
BLIND	Y	Y	Y	N	Y	N	N	Y
DISABLED	Y	Y	Y	N	Y	N	N	Y
INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))	N	N	N	Y	N	Y	Y	N
AGED	N	N	N	Y	N	Y	Y	N
BLIND	N	N	N	Y	N	Y	Y	N
DISABLED	N	N	N	Y	N	Y	Y	N
MANDATORY STATE SUPPLEMENT RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS OF SSI								
SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR	Y	Y	Y	NA	Y	NA	NA	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE	U	Y	Y	NA	Y	NA	NA	Y
NON-CASH RECIPIENTS								
ESSENTIAL SPOUSES (SINCE 1973)	Y	N	N	Y	Y	N	N	Y
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT	Y	Y	Y	Y	Y	N	N	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS	Y	Y	Y	NA	Y	NA	NA	Y
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS	Y	Y	Y	NA	Y	NA	NA	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED MEDICARE BENEFICIARIES	N	Y	Y	Y	Y	Y	Y	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	N	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
<< AFDC RELATED GROUPS >>								
CASH RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)	Y	N	Y	Y	Y	Y	Y*	Y
OPTIONAL ADDITIONAL MONTHS	6	N	N	U	U	6	6	N
PREGNANT WOMEN WITH NO CHILDREN	Y	N	Y	Y	Y	Y	Y	Y
AGE 18 STUDENT AFDC RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS								
INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN $10	Y	Y	Y	Y	Y	Y	Y	Y
WORK SUPPLEMENTATION PARTICIPANTS	Y	Y	N	Y	N	Y	Y	Y
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL BENEFITS WHERE AFDC WAS LOST DUE TO CHILD SUPPORT PAYMENTS	Y	Y	Y	Y	Y	Y	Y	Y*
TITLE IV-E RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y*
NON-CASH RECIPIENTS								
MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS	N	Y	Y	U	Y	Y	N	N*
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y*
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED BY MEDICAID	Y	Y	Y	U	Y	Y	Y	Y*
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC	Y	Y	Y	Y	Y	Y	Y	Y*
QUALIFIED PREGNANT WOMEN AND CHILDREN	Y	Y	Y	Y	Y	Y	Y	Y*
POVERTY LEVEL PREGNANT WOMEN AND INFANTS	Y	Y	Y	U	Y	Y	Y	Y
POVERTY LEVEL CHILDREN UNDER 6	Y	Y	Y	U	Y	Y	Y	Y
POVERTY LEVEL CHILDREN OVER 6	Y	Y	Y	U	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE WHEN THEY WERE BORN	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF D3/11/92, FOR DATA ENTERED BY D3/12/92

	KS	KY	LA	ME	MD	MA	MI	MN
<< AGED, BLIND, DISABLED >>								
CASH RECIPIENTS								
SSI								
AGED	Y	Y	Y	Y	Y	Y	Y	N
BLIND	Y	Y	Y	Y	Y	Y	Y	N
DISABLED	Y	Y	Y	Y	Y	Y	Y	N
INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))	N	N	N	N	N	N	N	Y
AGED	N	N	N	N	N	N	N	Y
BLIND	N	N	N	N	N	N	N	Y
DISABLED	N	N	N	N	N	N	N	Y
MANDATORY STATE SUPPLEMENT RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS OF SSI								
SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR	Y	Y	Y	Y	Y	Y	Y	NA
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE	Y	Y	Y	U	Y	Y	Y	NA
NON-CASH RECIPIENTS								
ESSENTIAL SPOUSES (SINCE 1973)	Y	Y	Y	Y	Y	Y	N	N
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS	Y	Y	Y	Y	Y	Y	Y	NA
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS	Y	Y	Y	Y	Y	Y	Y	NA
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED MEDICARE BENEFICIARIES	Y	Y	Y	U	Y	Y	Y	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	Y	Y	Y	U	Y	Y	Y	Y

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IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
<< AFDC RELATED GROUPS >>								
CASH RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)	Y	Y	Y	Y	Y	Y	Y	Y
OPTIONAL ADDITIONAL MONTHS	6	N	N	N	N	U	6	N
PREGNANT WOMEN WITH NO CHILDREN	N	N	Y	Y	Y	N	N	Y
AGE 18 STUDENT AFDC RECIPIENTS	N	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS								
INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN $10	N	Y	Y	Y	Y	Y	Y	Y
WORK SUPPLEMENTATION PARTICIPANTS	N	Y	Y	Y	N	N	Y	N
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL BENEFITS WHERE AFDC WAS LOST DUE TO CHILD SUPPORT PAYMENTS	Y	Y	Y	Y	Y	Y	Y	Y
TITLE IV-E RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
NON-CASH RECIPIENTS								
MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS	N	N	Y	N	Y	N	N	Y
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED BY MEDICAID	Y	U	Y	Y	Y	Y	Y	Y
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED PREGNANT WOMEN AND CHILDREN	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL PREGNANT WOMEN AND INFANTS	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL CHILDREN UNDER 6	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL CHILDREN OVER 6	Y	Y	Y	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE WHEN THEY WERE BORN	Y	Y	Y	Y	Y	Y	Y	Y

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NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
<< AGED, BLIND, DISABLED >>								
CASH RECIPIENTS								
SSI								
AGED	Y	N	Y	Y	Y	N	Y	Y
BLIND	Y	N	Y	Y	Y	N	Y	Y
DISABLED	Y	N	Y	Y	Y	N	Y	Y
INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))	N	Y	N	N	N	Y	N	N
AGED	N	Y	N	N	N	Y	N	N
BLIND	N	Y	N	N	N	Y	N	N
DISABLED	N	Y	N	N	N	Y	N	N
MANDATORY STATE SUPPLEMENT RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS OF SSI								
SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR	Y	NA	Y	Y	N	NA	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE	Y	NA	Y	Y	N	NA	Y	Y
NON-CASH RECIPIENTS								
ESSENTIAL SPOUSES (SINCE 1973)	N	N	Y	N	N	N	Y	N
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS	Y	NA	Y	Y	N	NA	Y	Y
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS	Y	NA	Y	Y	N	NA	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED MEDICARE BENEFICIARIES	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	Y	Y	Y	Y	U	Y	Y	Y

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U = UNAVAILABLE
NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
<< AFDC RELATED GROUPS >>								
CASH RECIPIENTS	Y	Y	Y	Y	Y	Y	Y*	Y
FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)	Y	Y	N	Y	Y	Y	Y*	Y
OPTIONAL ADDITIONAL MONTHS	6	6	N	N	6	6	U*	U
PREGNANT WOMEN WITH NO CHILDREN	Y	Y	Y	Y	N	Y	Y	Y
AGE 18 STUDENT AFDC RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS								
INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN $10	Y	Y	Y	Y	Y	Y	Y	Y
WORK SUPPLEMENTATION PARTICIPANTS	Y	Y	N	Y	Y	Y	N	Y
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL BENEFITS WHERE AFDC WAS LOST DUE TO CHILD SUPPORT PAYMENTS	Y	Y	Y	Y	Y	Y	Y	Y
TITLE IV-E RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
NON-CASH RECIPIENTS								
MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS	Y	Y	N	N	Y	Y	Y*	U
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS	Y	Y	N	Y	Y	Y	Y	Y
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED BY MEDICAID	N	Y	Y	N	Y	Y	Y	U
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED PREGNANT WOMEN AND CHILDREN	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL PREGNANT WOMEN AND INFANTS	Y	Y	N	Y	Y	N	Y	U
POVERTY LEVEL CHILDREN UNDER 6	Y	Y	N	Y	Y	Y	Y	U
POVERTY LEVEL CHILDREN OVER 6	N	Y	N	Y	Y	Y	Y	U
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE WHEN THEY WERE BORN	Y	Y	Y	Y	Y	Y	Y	Y

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U = UNAVAILABLE
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IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
<< AGED, BLIND, DISABLED >>								
CASH RECIPIENTS								
SSI								
AGED	Y	N	N	N	N	Y	Y	Y
BLIND	Y	N	N	N	N	Y	Y	Y
DISABLED	Y	N	N	N	N	Y	Y	Y
INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))	N	Y	Y	Y	Y	N	N*	N
AGED	N	Y	Y	Y	Y	N	N	N
BLIND	N	Y	Y	Y	Y	N	N	N
DISABLED	N	Y	Y	Y	Y	N	N	N
MANDATORY STATE SUPPLEMENT RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
DEEMED RECIPIENTS OF SSI								
SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR	Y	NA	NA	NA	NA	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE	Y	NA	NA	NA	NA	U	Y	U
NON-CASH RECIPIENTS								
ESSENTIAL SPOUSES (SINCE 1973)	Y	Y	Y	Y	Y	Y	Y	Y
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS	Y	NA	NA	NA	NA	Y	Y	Y
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS	Y	NA	NA	NA	NA	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED MEDICARE BENEFICIARIES	Y	Y	N	Y	Y	Y	Y	U
QUALIFIED DISABLED WORKING INDIVIDUALS	Y	Y	N	Y	Y	Y	Y	U

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IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
<< AFDC RELATED GROUPS >>								
CASH RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)	Y	N	Y	Y	N	Y	Y	Y
OPTIONAL ADDITIONAL MONTHS	6	N	N	N	N	6	N	6
PREGNANT WOMEN WITH NO CHILDREN	N	N	Y	N	Y	Y	N	U
AGE 18 STUDENT AFDC RECIPIENTS	Y	N	Y	Y	Y	Y	N	Y
DEEMED RECIPIENTS								
INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN $10	Y	Y	Y	Y	Y	Y	Y	Y
WORK SUPPLEMENTATION PARTICIPANTS	Y	Y	Y	N	Y	Y	Y	Y
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL BENEFITS WHERE AFDC WAS LOST DUE TO CHILD SUPPORT PAYMENTS	Y	Y	Y	Y	Y	Y	Y	Y
TITLE IV-E RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
NON-CASH RECIPIENTS								
MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS	Y	Y	Y	Y	Y	Y	Y	Y
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED BY MEDICAID	Y	Y	Y	Y	Y	Y	Y	Y
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED PREGNANT WOMEN AND CHILDREN	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL PREGNANT WOMEN AND INFANTS	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL CHILDREN UNDER 6	Y	Y	Y	Y	Y	Y	Y	Y
POVERTY LEVEL CHILDREN OVER 6	Y	Y	Y	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE WHEN THEY WERE BORN	Y	Y	Y	Y	Y	Y	Y	Y

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U = UNAVAILABLE
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IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
<< AGED, BLIND, DISABLED >>								
CASH RECIPIENTS								
SSI								
AGED	Y	Y	Y	Y	Y	Y	N	Y
BLIND	Y	Y	Y	Y	Y	Y	N	Y
DISABLED	Y	Y	Y	Y	Y	Y	N	Y
INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))	N	N	N	N	N	N	Y	N
AGED	N	N	N	N	N	N	Y	N
BLIND	N	N	N	N	N	N	Y	N
DISABLED	N	N	N	N	N	N	Y	N
MANDATORY STATE SUPPLEMENT RECIPIENTS	Y	Y	Y	N	Y	Y	Y	Y
DEEMED RECIPIENTS OF SSI								
SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR	Y	Y	Y	Y	Y	Y	NA	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE	Y	Y	Y	Y	Y	Y	NA	Y
NON-CASH RECIPIENTS								
ESSENTIAL SPOUSES (SINCE 1973)	Y	N	N	N	Y	Y	Y	Y
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS	Y	Y	Y	Y	Y	Y	NA	Y
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS	Y	Y	Y	Y	Y	Y	NA	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED MEDICARE BENEFICIARIES	Y	Y	Y	Y	Y	Y	Y	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
<< AFDC RELATED GROUPS >>			
CASH RECIPIENTS	Y	Y	Y
FAMILIES WITH UNEMPLOYED PARENTS (6-MONTHS)	Y	Y	Y
OPTIONAL ADDITIONAL MONTHS	U	N	6
PREGNANT WOMEN WITH NO CHILDREN	Y	Y	Y
AGE 18 STUDENT AFDC RECIPIENTS	Y	Y	Y
DEEMED RECIPIENTS			
INDIVIDUALS DENIED CASH PAYMENT OF LESS THAN $10	Y	Y	Y
WORK SUPPLEMENTATION PARTICIPANTS	N	Y	Y
INDIVIDUALS WITH ZERO PAYMENT DUE TO RECOVERIES	Y	Y	Y
INDIVIDUALS RECEIVING 4-MONTH TRANSITIONAL BENEFITS WHERE AFDC WAS LOST DUE TO CHILD SUPPORT PAYMENTS	Y	Y	Y
TITLE IV-E RECIPIENTS	Y	Y	Y
NON-CASH RECIPIENTS			
MEMBERS OF FAMILIES WITH UNEMPLOYED PARENTS	Y	N	Y
WORK-RELATED TRANSITIONAL MEDICAID RECIPIENTS	Y	Y	Y
INDIVIDUALS DENIED AFDC DUE TO DEEMING PROHIBITED BY MEDICAID	U	N	Y
1972 RECIPIENTS OF OASDI INCREASE LOSING AFDC	Y	Y	Y
QUALIFIED PREGNANT WOMEN AND CHILDREN	Y	Y	Y
POVERTY LEVEL PREGNANT WOMEN AND INFANTS	Y	Y	Y
POVERTY LEVEL CHILDREN UNDER 6	Y	Y	Y
POVERTY LEVEL CHILDREN OVER 6	Y	N	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y
CHILDREN UNDER 1 WHOSE MOTHERS WERE ELIGIBLE WHEN THEY WERE BORN	Y	Y	Y

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U = UNAVAILABLE
NA = NOT APPLICIBLE

IMPLEMENTATION OF MANDATORY ELIGIBILITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
<< AGED, BLIND, DISABLED >>			
CASH RECIPIENTS			
SSI			
AGED	Y	Y	Y
BLIND	Y	Y	Y
DISABLED	Y	Y	Y
INDIVIDUALS WHO MEET MORE RESTRICTIVE REQUIREMENTS (209(B))	N	N	N
AGED	N	N	N
BLIND	N	N	N
DISABLED	N	N	N
MANDATORY STATE SUPPLEMENT RECIPIENTS	N	Y	Y
DEEMED RECIPIENTS OF SSI			
SEVERELY DISABLED INDIVIDUALS QUALIFIED UNDER 1619(A) OR (B)	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO ELIMINATION OF OASDI REDUCTION FACTOR	Y	Y	Y
DISABLED WIDOWERS LOSING SSI/SSP DUE TO EARLY SSB NOT ENTITLED TO MEDICARE	Y	N	Y
NON-CASH RECIPIENTS			
ESSENTIAL SPOUSES (SINCE 1973)	Y	Y	Y
INSTITUTIONALIZED INDIVIDUALS CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y
BLIND AND DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 8/72 INCREASES IN OASDI BENEFIT	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP DUE TO 4/77 OASDI COLAS	Y	Y	Y
ADULT DISABLED CHILDREN RECIPIENTS OF INCREASED OASDI BENEFITS	Y	Y	Y
INDIVIDUALS INELIGIBLE FOR SSI/SSP FOR REASONS PROHIBITED BY MEDICAID	Y	Y	Y
QUALIFIED MEDICARE BENEFICIARIES	Y	Y	Y
QUALIFIED DISABLED WORKING INDIVIDUALS	Y	Y	Y

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	N	N	Y	Y	Y	N	N	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N	N	N	N	N	N	N	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	N	N	Y	N	Y	N	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N	N	N	N	N	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	Y	N	N	N	Y	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	Y	N	Y	N	N	N	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	Y	Y	Y	N	Y	Y	Y
INDIVIDUALS IN HCBSWS	Y	N	Y	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	N	N	N	N	21	21	U	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N	N	N	Y	N	N	N	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE TEST BUT NO CASH PAYMENT								
AGED	N	Y	Y	N	N	Y	Y	N
BLIND	N	Y	Y	N	N	Y	Y	N
DISABLED	N	Y	Y	N	N	Y	Y	N
CARETAKER RELATIVES	N	Y	Y	N	N	Y	Y	N
PREGNANT WOMEN	N	Y	Y	N	N	Y	Y	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS								
AGED	N	N	N	N	N	N	N	N
BLIND	N	N	N	N	N	N	N	N
DISABLED	N	N	N	N	N	N	N	N
CHILDREN UNDER (AGE)	N	N	N	N	N	N	N	N
CARETAKER RELATIVES	N	N	N	N	N	N	N	N
PREGNANT WOMEN	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS								
CHILDREN UNDER (AGE)	N	N	N	N	N	21	U	N
CARETAKER RELATIVES	N	N	N	N	N	Y	Y	N
PREGNANT WOMEN	N	N	N	N	N	Y	Y	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	N	21	18	18	21	N	21	21
REASONABLE CLASSIFICATIONS								
IN FOSTER HOMES UNDER (AGE)	21	N	N	21	N	21	U	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21	N	N	21	N	21	U	21
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	N	N	N	N	U	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	N	N	N	N	21	U	21
IN NFS UNDER (AGE)	N	N	N	N	N	21	U	21
IN ICFS/MR UNDER (AGE)	N	N	N	N	N	21	U	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	N	N	21	N	21	U	N
OTHER GROUPS UNDER (AGE)	21	N	N	N	N	21	U	18
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED								
CHILDREN UNDER (AGE)	N	N	N	N	21	N	U	N
CARETAKER RELATIVES	N	N	N	N	N	N	N	N
PREGNANT WOMEN	N	N	N	N	N	N	N	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y	Y	N	N	Y	Y	Y	Y
AGED	N	Y	N	N	Y	Y	Y	N
BLIND	N	Y	N	N	Y	N	Y	N
DISABLED	N	Y	N	N	Y	N	Y	N
AGED IN GROUP LIVING	N	Y	N	N	Y	N	Y	N
BLIND IN GROUP LIVING	N	Y	N	N	Y	N	Y	N
DISABLED IN GROUP LIVING	N	Y	N	N	Y	N	Y	N
OTHER	U	Y	N	N	N	N	N	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)								
AGED	Y	Y	Y	Y	N	Y	Y	Y
BLIND	Y	Y	Y	Y	N	Y	Y	Y
DISABLED	Y	Y	Y	Y	N	Y	Y	Y
CHILDREN UNDER (AGE)	N	21	21	N	N	N	U	N
CARETAKER RELATIVES	N	Y	N	N	N	N	Y	N
PREGNANT WOMEN	N	Y	Y	N	N	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	Y	N	Y	N	Y	Y	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y	Y	Y	Y	N	N	N	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	Y	N	Y	Y	Y	N	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N	N	N	N	N	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y	N	N	N*	N	N	Y	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	U	N	N	N	N	N	N	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	Y	Y	Y	Y	N	N	Y
INDIVIDUALS IN HCBSWS	N	N	Y	Y	Y	Y	N	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	18	18	21	21	N	18	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y	N	Y	N	Y	N	N	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE TEST BUT NO CASH PAYMENT								
AGED	Y	N	N	Y	Y	N	N	Y
BLIND	Y	N	N	Y	Y	N	N	Y
DISABLED	Y	N	N	Y	Y	N	N	Y
CARETAKER RELATIVES	Y	Y	N	Y	Y	N	N	Y
PREGNANT WOMEN	Y	Y	N	Y	Y	N	N	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS								
AGED	N	Y	Y	Y*	N	N	N	N
BLIND	N	Y	Y	Y*	N	N	N	N
DISABLED	N	Y	Y	Y*	N	N	N	N
CHILDREN UNDER (AGE)	N	21	18	U*	N	N	N	N
CARETAKER RELATIVES	N	Y	Y	Y*	N	N	N	N
PREGNANT WOMEN	N	Y	Y	Y*	N	N	N	N

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U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS								
CHILDREN UNDER (AGE)	18	N	N	19	N	N	N	N
CARETAKER RELATIVES	Y	N	N	Y	N	N	N	N
PREGNANT WOMEN	Y	N	N	Y	N	N	Y	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	21	18	N	N	N	N	N	21
REASONABLE CLASSIFICATIONS								
IN FOSTER HOMES UNDER (AGE)	N	21	18	21	21	N	N	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	21	18	21	21	N	N	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	18	N	21	N	N	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	18	18	21	N	N	N	N
IN NFS UNDER (AGE)	N	N	N	19	21	N	N	N
IN ICFS/MR UNDER (AGE)	N	21	N	19	21	N	N	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	N	N	19	N	N	21	N
OTHER GROUPS UNDER (AGE)	N	N	N	19	18	21	21	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED								
CHILDREN UNDER (AGE)	N	N	N	N	N	N	N	N
CARETAKER RELATIVES	N	N	N	N	N	N	N	N
PREGNANT WOMEN	N	N	N	N	N	N	N	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y	N	N	Y	Y	N	Y	Y
AGED	N	N	N	N	Y	N	N	N
BLIND	N	N	N	N	Y	N	N	Y
DISABLED	N	N	N	N	Y	N	N	N
AGED IN GROUP LIVING	N	N	N	Y	Y	N	N	Y
BLIND IN GROUP LIVING	N	N	N	Y	Y	N	N	Y
DISABLED IN GROUP LIVING	N	N	N	Y	Y	N	N	Y
OTHER	Y	N	N	N	U	N	N	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)								
AGED	N	Y	Y	N	Y	N	Y	Y
BLIND	N	Y	Y	N	Y	N	Y	Y
DISABLED	N	Y	Y	N	Y	N	Y	Y
CHILDREN UNDER (AGE)	N	N	18	N	N	N	N	N
CARETAKER RELATIVES	N	N	Y	N	N	N	N	N
PREGNANT WOMEN	N	N	Y	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBILITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	Y	N	Y	Y	Y	N*	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N	Y	N	Y	N	Y	N*	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	N	Y	Y	Y	Y	N*	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N	U	N	U	N*	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	N	Y	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	Y	N	U	N	U	Y*	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	Y	Y	Y	Y	Y	N	Y
INDIVIDUALS IN HCBSWS	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	19	18	N	21	18	N	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N	N	N	Y	N	Y	Y*	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE TEST BUT NO CASH PAYMENT								
AGED	N	N	Y	Y	Y	Y	N	Y
BLIND	N	N	Y	Y	Y	Y	N	Y
DISABLED	N	N	Y	Y	Y	Y	N	Y
CARETAKER RELATIVES	N	Y	Y	Y	Y	Y	N	Y
PREGNANT WOMEN	N	Y	Y	Y	Y	Y	N	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS								
AGED	N	Y	N	N	N	N	N	N
BLIND	N	Y	N	N	N	N	N	N
DISABLED	N	Y	N	N	N	N	N	N
CHILDREN UNDER (AGE)	N	21	N	N	N	N	N	N
CARETAKER RELATIVES	N	Y	N	N	N	N	N	N
PREGNANT WOMEN	N	Y	N	N	N	N	N	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS								
CHILDREN UNDER (AGE)	N	N	N	N	N	N	N	N
CARETAKER RELATIVES	N	N	N	N	N	N	N	N
PREGNANT WOMEN	N	N	N	N	N	N	N	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	N	19	N	21	21	21	N	21
REASONABLE CLASSIFICATIONS								
IN FOSTER HOMES UNDER (AGE)	21	19	21	N	21	N	N	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	21	19	21	N	21	N	N	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	19	N	N	21	N	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21	19	N	N	21	N	N	N
IN NFS UNDER (AGE)	21	19	18	N	21	N	N	N
IN ICFS/MR UNDER (AGE)	21	19	18	N	21	N	N	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21	19	18	N	21	N	N	N
OTHER GROUPS UNDER (AGE)	21	19	N	N	21	N	N	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED								
CHILDREN UNDER (AGE)	N	N	N	U	N	N	N	N
CARETAKER RELATIVES	N	N	N	U	N	N	N	N
PREGNANT WOMEN	N	N	N	U	N	N	N	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N	Y	N	Y	Y	Y	Y	Y*
AGED	N	N	N	Y	N	Y	Y	Y*
BLIND	N	N	N	Y	N	Y	Y	N*
DISABLED	N	N	N	Y	N	Y	Y	N*
AGED IN GROUP LIVING	N	Y	N	Y	Y	Y	N	N*
BLIND IN GROUP LIVING	N	Y	N	Y	Y	Y	N	N*
DISABLED IN GROUP LIVING	N	Y	N	Y	Y	Y	N	N*
OTHER	N	Y	N	Y	N	Y	N	N*
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)								
AGED	Y	Y	Y	Y	Y	Y	Y	N
BLIND	Y	Y	Y	Y	Y	Y	Y	N
DISABLED	Y	Y	Y	Y	Y	Y	Y	N
CHILDREN UNDER (AGE)	21	21	N	21	21	21	N	N
CARETAKER RELATIVES	Y	Y	N	Y	Y	Y	N	N
PREGNANT WOMEN	Y	Y	N	Y	Y	Y	N	N

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U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	N	N	N	Y	N	Y	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y	N	N	Y	Y	N	Y	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	Y	Y	Y	N	N	Y	Y
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	Y	N	N	N	U	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	U	Y	Y	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	U	Y	U	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	N	Y	N	Y	Y	Y	Y
INDIVIDUALS IN HCBSWS	N	N	Y	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21*	21	N	21	U	19	21	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y	N	N	Y	Y	Y	N	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE TEST BUT NO CASH PAYMENT								
AGED	N	N	Y	N	Y	Y	Y	N
BLIND	N	N	Y	N	Y	Y	Y	N
DISABLED	N	N	Y	N	Y	Y	Y	N
CARETAKER RELATIVES	N	N	N	N	Y	Y	Y	N
PREGNANT WOMEN	N	N	Y	N	Y	Y	Y	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS								
AGED	N	N	Y	N	N	N	N	N
BLIND	N	N	Y	N	N	N	N	N
DISABLED	N	N	Y	N	N	N	N	N
CHILDREN UNDER (AGE)	N	N	21	N	U	N	N	N
CARETAKER RELATIVES	N	N	Y	N	N	N	N	N
PREGNANT WOMEN	N	N	Y	N	N	N	N	N

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IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS								
CHILDREN UNDER (AGE)	N	N	21	N	U	N	N	N
CARETAKER RELATIVES	N*	N	Y	N	N	N	N	N
PREGNANT WOMEN	N*	N	Y	N	Y	N	N	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	18	N	N	20	U	N	21	N
REASONABLE CLASSIFICATIONS								
IN FOSTER HOMES UNDER (AGE)	21*	21	21	N	19	19	N	18
IN PRIVATE INSTITUTIONS UNDER (AGE)	21*	21	21	N	N	19	N	18
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	21	N	19	N	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	21*	21	21	N	19	19	N	N
IN NFS UNDER (AGE)	N	18	21	N	U	N	N	N
IN ICFS/MR UNDER (AGE)	N	18	21	N	19	N	N	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	21	21	N	N	U	N	N
OTHER GROUPS UNDER (AGE)	N	21	19	N	N	19	N	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED								
CHILDREN UNDER (AGE)	N	N	N	N	19	N	N	N
CARETAKER RELATIVES	N	N	N	N	U	N	N	N
PREGNANT WOMEN	N	N	N	N	U	N	N	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N	Y	Y	Y	Y	Y	Y	N
AGED	N	N	N	Y	Y	Y	Y	N
BLIND	N	Y	N	Y	Y	Y	Y	N
DISABLED	N	N	N	Y	N	Y	Y	N
AGED IN GROUP LIVING	N	Y	N	Y	N	Y	Y	N
BLIND IN GROUP LIVING	N	Y	N	Y	N	Y	Y	N
DISABLED IN GROUP LIVING	N	Y	N	Y	N	Y	Y	N
OTHER	N	N	Y	Y	Y	U	Y	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)								
AGED	Y	N	N	N	Y	Y	Y	Y
BLIND	Y	N	N	N	Y	Y	Y	Y
DISABLED	Y	N	N	N	Y	Y	Y	Y
CHILDREN UNDER (AGE)	N	N	N	N	U	18	N	21
CARETAKER RELATIVES	N	N	N	N	N	Y	N	Y
PREGNANT WOMEN	N	N	N	N	N	Y	N	Y

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U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	Y	N	Y	N	N	Y	Y
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N	N	N	N	N	N	Y	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	Y	Y	N	N	Y	N	Y	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	Y*	N	N	N	N	N	N	U
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y	Y	N	N	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	N	N	N	U
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	N	N	Y	Y	Y	Y	Y
INDIVIDUALS IN HCBSWS	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	N	21	21	21	18	21	N
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N	N	N	N	N	N	Y	Y
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE TEST BUT NO CASH PAYMENT								
AGED	Y	Y	N	N	Y	Y	Y	Y
BLIND	Y	Y	N	N	Y	Y	Y	Y
DISABLED	Y	Y	N	N	Y	Y	Y	Y
CARETAKER RELATIVES	Y	Y	N	N	Y	Y	Y	Y
PREGNANT WOMEN	Y	Y	N	N	Y	Y	Y	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS								
AGED	Y	N	N	Y	N	N	Y	N
BLIND	Y	N	N	Y	N	N	Y	N
DISABLED	Y	N	N	Y	N	N	Y	N
CHILDREN UNDER (AGE)	21	N	N	N	N	N	21	N
CARETAKER RELATIVES	Y	N	N	Y	N	N	Y	N
PREGNANT WOMEN	Y	N	N	Y	N	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS								
CHILDREN UNDER (AGE)	21	N	N	N	21	N	21	19
CARETAKER RELATIVES	Y	N	N	N	Y	N	Y	Y
PREGNANT WOMEN	Y	N	N	N	Y	N	Y	Y
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	21	21	21	21	21	N	21	N
REASONABLE CLASSIFICATIONS								
IN FOSTER HOMES UNDER (AGE)	N	21	N	21	N	21	21	19
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	21	N	21	N	21	21	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	21	N	21	N	N	21	19
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	21	N	21	N	N	21	N
IN NFS UNDER (AGE)	N	21	N	21	N	21	21	19
IN ICFS/MR UNDER (AGE)	N	21	N	21	N	21	21	19
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	21	N	21	N	21	21	N
OTHER GROUPS UNDER (AGE)	N	21	N	21	N	21	21	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED								
CHILDREN UNDER (AGE)	N	N	N	N	21	N	N	N
CARETAKER RELATIVES	N	N	N	N	Y	N	N	N
PREGNANT WOMEN	N	N	N	N	Y	N	N	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y	Y	N	Y	Y	Y	Y	Y
AGED	Y	N	N	N	Y	Y	Y	Y
BLIND	Y	N	N	N	Y	Y	Y	Y
DISABLED	Y	N	N	N	Y	Y	Y	Y
AGED IN GROUP LIVING	Y	Y	N	Y	Y	Y	Y	Y
BLIND IN GROUP LIVING	N	Y	N	Y	Y	Y	Y	Y
DISABLED IN GROUP LIVING	N	Y	N	Y	Y	Y	Y	Y
OTHER	N	N	N	N	N	Y	Y	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)								
AGED	N	N	N	Y	Y	Y	Y	Y
BLIND	N	N	N	Y	Y	Y	Y	Y
DISABLED	N	N	N	Y	Y	Y	Y	Y
CHILDREN UNDER (AGE)	N	N	N	21	N	N	N	19
CARETAKER RELATIVES	N	N	N	Y	N	N	N	Y
PREGNANT WOMEN	N	N	N	Y	N	N	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	N	Y	N	N	Y	Y	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	Y	N	N	N	N	N	Y	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	N	Y	Y	Y	N	N	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N	N	N	N	U	Y
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	Y	N	N	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS IN HCBSWS	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	N	21	N	18	21	21	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	N	Y	N	N	N	Y	N	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE TEST BUT NO CASH PAYMENT								
AGED	N	N	Y	N	N	Y	Y	Y
BLIND	N	N	Y	N	N	Y	Y	Y
DISABLED	N	N	Y	N	N	Y	Y	Y
CARETAKER RELATIVES	N	N	Y	N	Y	Y	Y	Y
PREGNANT WOMEN	N	N	Y	N	Y	Y	Y	Y
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS								
AGED	N	N	N	N	N	Y	N	Y
BLIND	N	N	N	N	N	Y	N	Y
DISABLED	N	N	N	N	N	Y	N	Y
CHILDREN UNDER (AGE)	N	N	N	N	N	21	N	21
CARETAKER RELATIVES	N	N	N	N	N	Y	N	Y
PREGNANT WOMEN	N	N	N	N	N	Y	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS								
CHILDREN UNDER (AGE)	N	N	N	N	N	21	N	N
CARETAKER RELATIVES	N	N	N	N	N	Y	N	N
PREGNANT WOMEN	N	N	N	N	N	Y	N	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	19	N	21	N	18	21	N	18
REASONABLE CLASSIFICATIONS								
IN FOSTER HOMES UNDER (AGE)	21	N	21	N	N	N	21	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	21	N	21	N	N	N	21	21
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	21	N	N	N	21	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	21	21	N	N	21	21	21
IN NFS UNDER (AGE)	N	21	21	N	N	21	21	21
IN ICFS/MR UNDER (AGE)	N	21	21	N	N	21	21	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	N	21	N	N	21	N	21
OTHER GROUPS UNDER (AGE)	N	21	21	19	N	21	N	21
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED								
CHILDREN UNDER (AGE)	N	N	N	N	N	21	N	N
CARETAKER RELATIVES	N	N	N	N	N	Y	N	U
PREGNANT WOMEN	N	N	N	N	N	Y	N	U
OPTIONAL STATE SUPPLEMENT RECIPIENTS	Y	Y	N	N	Y	Y	Y	Y
AGED	N	N	N	N	Y	Y	N	Y
BLIND	N	N	N	N	Y	Y	N	Y
DISABLED	N	N	N	N	Y	Y	N	Y
AGED IN GROUP LIVING	Y	Y	N	N	N	Y	Y	Y
BLIND IN GROUP LIVING	Y	Y	N	N	N	Y	Y	Y
DISABLED IN GROUP LIVING	Y	Y	N	N	N	Y	Y	Y
OTHER	N	N	N	N	Y	Y	N	Y
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)								
AGED	Y	Y	Y	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER (AGE)	N	21	21	N	21	21	21	21
CARETAKER RELATIVES	N	N	Y	N	Y	Y	Y	Y
PREGNANT WOMEN	N	N	Y	N	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
PREGNANT WOMEN AND INFANTS WITH INCOME BELOW 185% FPL OTHER THAN MANDATORY	Y	N	N
POVERTY LEVEL DISABLED AND AGED WITH RESOURCES LESS THAN SSI TEST	N	N	N
PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN	N	Y	N
POVERTY LEVEL INDIVIDUALS WITH COBRA CONTINUATION COVERAGE	N	N	N
HMO ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	U	N
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR CASH IF NOT IN AN INSTITUTION	N	Y	Y
INDIVIDUALS IN HCBSWS	Y	Y	Y
CHILDREN UNDER STATE ADOPTION AGREEMENTS WITH SPECIAL MEDICAL NEEDS UNDER (AGE)	21	N	21
CERTAIN DISABLED CHILDREN 18 AND UNDER WHO WOULD BE ELIGIBLE IF IN AN INSTITUTION	Y	Y	N
INDIVIDUALS MEETING AFDC, SSI OR SSP INCOME AND RESOURCE TEST BUT NO CASH PAYMENT			
AGED	Y	Y	N
BLIND	Y	Y	N
DISABLED	Y	Y	N
CARETAKER RELATIVES	Y	Y	N
PREGNANT WOMEN	Y	Y	N
HOSPICE RECIPIENTS WHO WOULD BE ELIGIBLE IN MEDICAL INSTITUTIONS			
AGED	N	Y	N
BLIND	N	Y	N
DISABLED	N	Y	N
CHILDREN UNDER (AGE)	N	N	N
CARETAKER RELATIVES	N	Y	N
PREGNANT WOMEN	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

IMPLEMENTATION OF OPTIONAL ELIGIBLITY GROUPS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
INDIVIDUALS WHO WOULD BE AFDC IF CHILD CARE COSTS WERE PAID FROM EARNINGS			
CHILDREN UNDER (AGE)	N	N	N
CARETAKER RELATIVES	N	Y	N
PREGNANT WOMEN	N	N	N
FINANCIALLY ELIGIBLE CHILDREN			
ALL CHILDREN UNDER (AGE)	19	18	N
REASONABLE CLASSIFICATIONS			
IN FOSTER HOMES UNDER (AGE)	21	N	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	N	21
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	18	N	N
IN NFS UNDER (AGE)	18	21	N
IN ICFS/MR UNDER (AGE)	18	21	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21	21	N
OTHER GROUPS UNDER (AGE)	N	N	19
INDIVIDUALS WHO WOULD BE ELIGIBLE FOR AFDC IF AFDC PLAN WERE AS BROAD AS ALLOWED			
CHILDREN UNDER (AGE)	N	N	N
CARETAKER RELATIVES	N	N	N
PREGNANT WOMEN	N	N	N
OPTIONAL STATE SUPPLEMENT RECIPIENTS	N	Y	N
AGED	N	Y	N
BLIND	N	Y	N
DISABLED	N	Y	N
AGED IN GROUP LIVING	N	Y	N
BLIND IN GROUP LIVING	N	N	N
DISABLED IN GROUP LIVING	N	N	N
OTHER	N	N	N
INSTITUTIONALIZED INDIVIDUALS ELIGIBLE UNDER A SPECIAL INCOME LEVEL (UP TO 300% SSI)			
AGED	Y	Y	Y
BLIND	Y	Y	Y
DISABLED	Y	Y	Y
CHILDREN UNDER (AGE)	N	N	N
CARETAKER RELATIVES	N	N	N
PREGNANT WOMEN	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE

TABLE 2-3.

HCFA STATE PROFILE DATA SYSTEM
OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AR -	- CA -	- CT -	- DC -	- FL -	- GA -	- HI -	- IL -
INDIVIDUALS WHO MUST BE INCLUDED								
PREGNANT WOMEN	Y	Y	Y	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	N	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y	Y	Y	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	N
INDIVIDUALS INCLUDED AT STATE OPTION								
CARETAKER RELATIVES	Y	Y	Y	Y	Y	N	Y	Y
AGED	Y	Y	Y	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	Y	Y	N	N	Y	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	Y	N	N	N	N	N	N	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	18	21	21	21	21	N	19	N
REASONABLE CLASSIFICATIONS								
UNDER PUBLIC AGENCIES UNDER (AGE)	21	N	U	N	21	18	19	N
IN FOSTER HOMES UNDER (AGE)	21	N	U	N	21	18	19	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	21	N	U	N	21	N	19	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	U	N	21	18	19	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	N	U	N	18	18	19	N
IN NFS UNDER (AGE)	N	N	U	N	N	N	19	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	21	N	U	N	N	N	19	N
OTHER GROUPS UNDER (AGE)	N	N	U	N	21	N	19	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE .
NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- IA -	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -
INDIVIDUALS WHO MUST BE INCLUDED								
PREGNANT WOMEN	Y	Y	Y	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y	Y	Y	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y*
INDIVIDUALS INCLUDED AT STATE OPTION								
CARETAKER RELATIVES	Y	N	Y	Y	Y	Y	Y	Y
AGED	Y	Y	Y	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	N	N	N	N	Y	N*
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N*	U	N	U	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	21	N	19	19	21	21	21	21
REASONABLE CLASSIFICATIONS								
UNDER PUBLIC AGENCIES UNDER (AGE)	N	21	19	21	N	21	N	21
IN FOSTER HOMES UNDER (AGE)	N	21	19	21	N	21	N	21
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	21	19	21	N	21	N	21
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	19	21	N	21	N	21
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	21	19	N	N	21	N	21
IN NFS UNDER (AGE)	N	21	19	N	N	21	N	21
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	21	19	N	N	21	N	21
OTHER GROUPS UNDER (AGE)	N	21	19	N	N	N	N	21

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MN -	- MT -	- NE -	- NH -	- NJ -	- NY -	- NC -	- ND -
INDIVIDUALS WHO MUST BE INCLUDED								
PREGNANT WOMEN	Y	Y	Y	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y	Y	Y	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INCLUDED AT STATE OPTION								
CARETAKER RELATIVES	Y	N	Y	Y	N	Y	Y	Y
AGED	Y	Y	Y	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	N	N	N	Y	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	Y	Y	N	N	N
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	21	21	21	N	21	21	21	21
REASONABLE CLASSIFICATIONS								
UNDER PUBLIC AGENCIES UNDER (AGE)	N	N	N	N	N	N	21	N
IN FOSTER HOMES UNDER (AGE)	N	N	N	19	N	N	21	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	N	N	19	N	N	21	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	N	N	N	N	21	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	N	N	19	N	N	21	N
IN NFS UNDER (AGE)	N	N	N	N	N	N	21	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	N	N	U	N	N	21	N
OTHER GROUPS UNDER (AGE)	N	N	N	19	N	N	21	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- OK -	- OR -	- PA -	- RI -	- SC -	- TN -	- TX -	- UT -
INDIVIDUALS WHO MUST BE INCLUDED								
PREGNANT WOMEN	Y	Y	Y	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y	Y	Y	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y	Y	Y	Y
INDIVIDUALS INCLUDED AT STATE OPTION								
CARETAKER RELATIVES	Y	N	Y	Y	Y	Y	Y	Y
AGED	Y	Y	Y	Y	Y	Y	N	Y
BLIND	Y	Y	Y	Y	Y	Y	N	Y
DISABLED	Y	Y	Y	Y	Y	Y	N	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	N	N	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	U	N	N	N	Y
FINANCIALLY ELIGIBLE CHILDREN								
ALL CHILDREN UNDER (AGE)	21	N	21	N	19	21	18	18
REASONABLE CLASSIFICATIONS								
UNDER PUBLIC AGENCIES UNDER (AGE)	N	N	21	19	21	21	N	N
IN FOSTER HOMES UNDER (AGE)	N	21	21	19	21	21	N	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	21	21	N	21	21	N	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	N	21	19	N	21	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	N	21	N	N	21	N	N
IN NFS UNDER (AGE)	N	21	21	19	N	21	N	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	N	21	N	N	21	N	N
OTHER GROUPS UNDER (AGE)	N	N	18	N	N	21	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

OPTIONAL COVERAGE OF THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- VT -	- VA -	- WA -	- WV -	- WI -
INDIVIDUALS WHO MUST BE INCLUDED					
PREGNANT WOMEN	Y	Y	Y	Y	Y
WOMEN RECEIVING POSTPARTUM SERVICES	Y	Y	Y	Y	Y
CHILDREN UNDER 18 WHO ARE INELIGIBLE AS MANDATORY CATEGORICALLY NEEDY	Y	Y	Y	Y	Y
INFANTS UNDER 1 BORN TO MEDICALLY NEEDY MOTHERS	Y	Y	Y	Y	Y
BLIND OR DISABLED CONTINUOUSLY ELIGIBLE SINCE 1973	Y	Y	Y	Y	Y
INDIVIDUALS INCLUDED AT STATE OPTION					
CARETAKER RELATIVES	Y	N	Y	Y	N
AGED	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y
HMO ENROLLEES FOR MINIMUM PERIOD	N	N	N	N	N
COST-EFFECTIVE GROUP HEALTH PLAN ENROLLEES FOR MINIMUM ENROLLMENT PERIODS	N	N	N	N	N
FINANCIALLY ELIGIBLE CHILDREN					
ALL CHILDREN UNDER (AGE)	21	N	18	19	19
REASONABLE CLASSIFICATIONS					
UNDER PUBLIC AGENCIES UNDER (AGE)	N	21	21	N	N
IN FOSTER HOMES UNDER (AGE)	N	21	21	N	N
IN PRIVATE INSTITUTIONS UNDER (AGE)	N	21	21	N	N
UNDER PRIVATE AGENCY UNDER (AGE)	N	21	21	N	N
IN SUBSIDIZED ADOPTIONS UNDER (AGE)	N	21	21	N	N
IN NFS UNDER (AGE)	N	21	21	N	N
IN INPATIENT PSYCHIATRIC FACILITIES UNDER (AGE)	N	N	21	N	N
OTHER GROUPS UNDER (AGE)	N	N	21	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

TABLE 2-4.

HCFA STATE PROFILE DATA SYSTEM
AFDC PAYMENT STANDARDS (DOLLARS)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	1-PERSON	2-PERSONS	3-PERSONS	4-PERSONS	5-PERSONS	RURAL VARIANCES
ALABAMA	100.00	123.00	149.00	168.00	194.00	N
ALASKA	498.00	792.00	891.00	990.00	1089.00	Y
ARIZONA	173.00	233.00	293.00	353.00	412.00	N
ARKANSAS	81.00	162.00	204.00	247.00	286.00	N
CALIFORNIA	326.00	535.00	663.00	788.00	899.00	N
COLORADO	214.00	280.00	356.00	432.00	512.00	N
CONNECTICUT	411.00	524.00	649.00	756.00	853.00	N
DELAWARE	201.00	270.00	338.00	407.00	475.00	N
DIST OF COL	450.00	560.00	712.00	870.00	1002.00	N
FLORIDA	167.00	225.00	394.00	396.00	400.00	N
GEORGIA	155.00	235.00	280.00	330.00	378.00	N
HAWAII	357.00	480.00	602.00	725.00	846.00	N
IDAHO	208.00	254.00	315.00	357.00	399.00	N
ILLINOIS	212.00	268.00	367.00	414.00	485.00	Y
INDIANA	155.00	255.00	320.00	385.00	450.00	N
IOWA	183.00	361.00	426.00	495.00	548.00	N
KANSAS	265.00	347.00	422.00	488.00	547.00	Y
KENTUCKY	162.00	196.00	228.00	285.00	333.00	N
LOUISIANA	72.00	138.00	190.00	234.00	277.00	Y
MAINE	214.00	337.00	453.00	569.00	685.00	N
MARYLAND	179.00	317.00	406.00	489.00	566.00	N
MASSACHUSETTS	392.00	486.00	579.00	668.00	760.00	N
MICHIGAN	283.00	383.00	477.00	586.00	686.00	Y
MINNESOTA	437.00	532.00	621.00	697.00	773.00	N
MISSISSIPPI	218.00	293.00	368.00	443.00	518.00	N
MISSOURI	136.00	234.00	292.00	342.00	388.00	N
MONTANA	232.00	311.00	390.00	469.00	548.00	N
NEBRASKA	222.00	293.00	364.00	435.00	506.00	N
NEVADA	246.00	309.00	372.00	435.00	498.00	N
NEW HAMPSHIRE	388.00	451.00	516.00	575.00	631.00	N
NEW JERSEY	162.00	322.00	424.00	488.00	552.00	N
NEW MEXICO	192.00	258.00	324.00	389.00	455.00	N
NEW YORK	119.10	189.50	253.00	326.70	402.70	N
NORTH CAROLINA	242.00	317.00	367.00	400.00	433.00	N
NORTH DAKOTA	217.00	326.00	401.00	491.00	558.00	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

HCFA STATE PROFILE DATA SYSTEM
AFDC PAYMENT STANDARDS (DOLLARS)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	1-PERSON	2-PERSONS	3-PERSONS	4-PERSONS	5-PERSONS	RURAL VARIANCES
OHIO	199.00	274.00	334.00	413.00	483.00	N
OKLAHOMA	198.00	247.00	321.00	397.00	465.00	N
OREGON	310.00	395.00	460.00	565.00	660.00	N
PENNSYLVANIA	215.00	330.00	421.00	514.00	607.00	Y
RHODE ISLAND	321.00	440.00	543.00	620.00	696.00	N
SOUTH CAROLINA	124.00	167.00	210.00	252.00	295.00	N
SOUTH DAKOTA	284.00	357.00	404.00	450.00	497.00	N
TENNESSEE	95.00	142.00	185.00	226.00	264.00	N
TEXAS	75.00	158.00	184.00	221.00	246.00	Y
UTAH	233.00	323.00	402.00	470.00	536.00	N
VERMONT	465.00	567.00	673.00	755.00	845.00	N
VIRGINIA	220.00	294.00	354.00	410.00	488.00	Y
WASHINGTON	339.00	428.00	531.00	624.00	719.00	N
WEST VIRGINIA	145.00	201.00	249.00	312.00	360.00	Y
WISCONSIN	311.00	550.00	647.00	772.00	886.00	Y
WYOMING	195.00	320.00	360.00	390.00	450.00	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AR -	- CA -	- CT -	- DC -	- FL -	- GA -	- HI -	- IL -
SPENDDOWN PERIOD (MONTHS)	3	1	6	6	1	3	1	N
AND (MONTHS)	N	U	6	U	N	N	N	N
INCOME LEVELS								
AFDC RELATED/ALL								
1-PERSON	108.00	575.00	571.90	407.00*	167.00	208.00	396.00*	283.00
2-PERSONS	217.00	717.00	730.17	482.00*	225.00	317.00	531.00*	358.00
3-PERSONS	275.00	892.00	904.40	545.00*	294.00	375.00	666.00*	492.00
4-PERSONS	333.00	1049.00	1053.36	665.00*	346.00	442.00	802.00*	558.00
5-PERSONS	383.00	1200.00	1187.69	766.00*	400.00	508.00	937.00*	650.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	NA	NA	571.90	NA	NA	NA	396.00*	283.00
2-PERSONS	NA	NA	730.17	NA	NA	NA	531.00*	358.00
3-PERSONS	NA	NA	904.40	NA	NA	NA	666.00*	492.00
4-PERSONS	NA	NA	1053.36	NA	NA	NA	802.00*	558.00
5-PERSONS	NA	NA	1187.69	NA	NA	NA	937.00*	650.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
RESOURCE LEVELS								
AFDC RELATED/ALL								
1-PERSON	2000.00	2000.00	2000.00	2600.00	5000.00	2000.00	2000.00	2000.00
2-PERSONS	3000.00	3000.00	3000.00	3000.00	6000.00	4000.00	3000.00	3000.00
3-PERSONS	3100.00	3150.00	3100.00	3100.00	6000.00	4100.00	3250.00	3050.00
4-PERSONS	3200.00	3300.00	3200.00	3200.00	6500.00	4200.00	3500.00	3100.00
5-PERSONS	3300.00	3450.00	3300.00	3300.00	7000.00	4300.00	3750.00	3150.00
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	NA	NA	1600.00	NA	NA	NA	2000.00	2000.00
2-PERSONS	NA	NA	2400.00	NA	NA	NA	3000.00	3000.00
3-PERSONS	NA	NA	NA	NA	NA	NA	3250.00	3050.00
4-PERSONS	NA	NA	NA	NA	NA	NA	3500.00	3100.00
5-PERSONS	NA	NA	NA	NA	NA	NA	3750.00	3150.00

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE
NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- IA -	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -
SPENDDOWN PERIOD (MONTHS)	2	1	3	3	6	6	6	1
AND (MONTHS)	6	6	N	N	U	N	N	N
INCOME LEVELS								
AFDC RELATED/ALL								
1-PERSON	483.00	407.00	217.00	100.00	416.00	359.00*	522.00	350.00
2-PERSONS	483.00	460.00	267.00	192.00	450.00	400.00*	650.00	466.00
3-PERSONS	566.00	465.00	308.00	258.00	608.00	442.00*	775.00	500.00
4-PERSONS	666.00	488.00	383.00	317.00	758.00	484.00*	891.00	534.00
5-PERSONS	733.00	547.00	450.00	375.00	916.00	526.00*	1016.00	625.00
RURAL VARIANCES EXIST	N	N	N	Y	N	N	N	Y
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	NA	NA	NA	NA	NA	NA	NA	NA
2-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
3-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
4-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
5-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
RESOURCE LEVELS								
AFDC RELATED/ALL								
1-PERSON	10000.00	2000.00	2000.00	2000.00	2000.00	2500.00	2000.00	2000.00
2-PERSONS	10000.00	3000.00	4000.00	3000.00	3000.00	3000.00	3000.00	3000.00
3-PERSONS	10000.00	3000.00	4050.00	3025.00	3100.00	3100.00	3100.00	3200.00
4-PERSONS	10000.00	3000.00	4100.00	3050.00	3200.00	3200.00	3200.00	3400.00
5-PERSONS	10000.00	3000.00	4150.00	3075.00	3400.00	3300.00	3300.00	3600.00
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	NA	NA	NA	NA	NA	NA	NA	NA
2-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
3-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
4-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA
5-PERSONS	NA	NA	NA	NA	NA	NA	NA	NA

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NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MN -	- MT -	- NE -	- NH -	- NJ -	- NY -	- NC -	- ND -
SPENDDOWN PERIOD (MONTHS)	6	1	6	1	6	1	6	1
AND (MONTHS)	N	N	N	U	6	6	N	N
INCOME LEVELS								
AFDC RELATED/ALL								
1-PERSON	466.00	407.00	2352.00	436.00	350.00	500.00	362.00	345.00
2-PERSONS	582.00	417.00	2352.00	608.00	433.00	717.00	472.00	400.00
3-PERSONS	709.00	443.00	2952.00	616.00	566.00	725.00	544.00	435.00
4-PERSONS	828.00	469.00	3504.00	623.00	658.00	850.00	594.00	530.00
5-PERSONS	929.00	548.00	4050.00	631.00	741.00	992.00	648.00	600.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	420.00	NA	NA	436.00	NA	NA	242.00	345.00
2-PERSONS	525.00	NA	NA	608.00	NA	NA	317.00	400.00
3-PERSONS	639.00	NA	NA	616.00	NA	NA	367.00	435.00
4-PERSONS	746.00	NA	NA	623.00	NA	NA	400.00	530.00
5-PERSONS	837.00	NA	NA	631.00	NA	NA	433.00	600.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
RESOURCE LEVELS								
AFDC RELATED/ALL								
1-PERSON	3750.00	2000.00	4000.00	2500.00	4000.00	3000.00	1500.00	3000.00
2-PERSONS	6450.00	3000.00	6000.00	4000.00	6000.00	4300.00	2250.00	6000.00
3-PERSONS	6650.00	3100.00	6025.00	4000.00	6100.00	4350.00	2350.00	6025.00
4-PERSONS	6850.00	3200.00	6050.00	4000.00	6200.00	5100.00	2450.00	6050.00
5-PERSONS	7100.00	3300.00	6075.00	4000.00	6300.00	5950.00	2500.00	6075.00
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	3750.00	NA	NA	NA	NA	NA	1500.00	3000.00
2-PERSONS	6450.00	NA	NA	NA	NA	NA	2250.00	6000.00
3-PERSONS	6650.00	NA	NA	NA	NA	NA	2350.00	6025.00
4-PERSONS	6850.00	NA	NA	NA	NA	NA	2450.00	6050.00
5-PERSONS	7100.00	NA	NA	NA	NA	NA	2500.00	6075.00

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NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- OK -	- OR -	- PA -	- RI -	- SC -	- TN -	- TX -	- UT -
SPENDDOWN PERIOD (MONTHS)	3	1	6	6	3	1	1	1
AND (MONTHS)	N	N	1	U	1	N	N	N
INCOME LEVELS								
AFDC RELATED/ALL								
1-PERSON	284.00	413.00	425.00*	550.83	225.00	175.00	100.00	350.00
2-PERSONS	359.00	526.00	442.00*	600.00	225.00	192.00	211.00	430.00
3-PERSONS	459.00	613.00	467.00*	741.66	283.00	250.00	267.00	536.00
4-PERSONS	567.00	753.00	567.00*	850.00	341.00	308.00	301.00	626.00
5-PERSONS	667.00	879.00	675.00*	950.00	400.00	358.00	349.00	714.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	284.00	NA	NA	NA	NA	NA	NA	NA
2-PERSONS	359.00	NA	NA	NA	NA	NA	NA	NA
3-PERSONS	459.00	NA	NA	NA	NA	NA	NA	NA
4-PERSONS	567.00	NA	NA	NA	NA	NA	NA	NA
5-PERSONS	667.00	NA	NA	NA	NA	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
RESOURCE LEVELS								
AFDC RELATED/ALL								
1-PERSON	2000.00	2000.00	2400.00	4000.00	4000.00	2000.00	1000.00	2000.00
2-PERSONS	3000.00	3000.00	3200.00	6000.00	6000.00	3000.00	1000.00	3000.00
3-PERSONS	3100.00	3050.00	3500.00	6100.00	6000.00	3100.00	1000.00	3025.00
4-PERSONS	3200.00	3100.00	3800.00	6200.00	6000.00	3200.00	1000.00	3050.00
5-PERSONS	3300.00	3150.00	4100.00	6300.00	6000.00	3300.00	1000.00	3075.00
AGED, BLIND AND DISABLED (209(B) STATES)								
1-PERSON	2000.00	NA	NA	NA	NA	NA	NA	NA
2-PERSONS	3000.00	NA	NA	NA	NA	NA	NA	NA
3-PERSONS	3100.00	NA	NA	NA	NA	NA	NA	NA
4-PERSONS	3200.00	NA	NA	NA	NA	NA	NA	NA
5-PERSONS	3300.00	NA	NA	NA	NA	NA	NA	NA

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U = UNAVAILABLE
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NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS FOR THE MEDICALLY NEEDY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- VT -	- VA -	- WA -	- WV -	- WI -
SPENDDOWN PERIOD (MONTHS)	6	6	3	6	6
AND (MONTHS)	1	N	6	U	N
INCOME LEVELS					
AFDC RELATED/ALL					
1-PERSON	758.00	325.00	458.00	200.00	6116.64
2-PERSONS	758.00	400.00	575.00	275.00	7100.04
3-PERSONS	900.00	442.00	650.00	290.00	8271.96
4-PERSONS	1008.00	484.00	725.00	312.00	9872.04
5-PERSONS	1133.00	525.00	833.00	360.00	11328.00
RURAL VARIANCES EXIST	Y	Y	N	N	N
AGED, BLIND AND DISABLED (209(B) STATES)					
1-PERSON	NA	325.00	NA	NA	NA
2-PERSONS	NA	400.00	NA	NA	NA
3-PERSONS	NA	442.00	NA	NA	NA
4-PERSONS	NA	484.00	NA	NA	NA
5-PERSONS	NA	525.00	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N	N
RESOURCE LEVELS					
AFDC RELATED/ALL					
1-PERSON	2000.00	2000.00	2000.00	2000.00	2000.00
2-PERSONS	3000.00	3000.00	3000.00	3000.00	3000.00
3-PERSONS	3150.00	3100.00	3050.00	3050.00	3300.00
4-PERSONS	3300.00	3200.00	3100.00	3100.00	3600.00
5-PERSONS	3450.00	3300.00	3150.00	3150.00	3900.00
AGED, BLIND AND DISABLED (209(B) STATES)					
1-PERSON	NA	2000.00	NA	NA	NA
2-PERSONS	NA	3000.00	NA	NA	NA
3-PERSONS	NA	3100.00	NA	NA	NA
4-PERSONS	NA	3200.00	NA	NA	NA
5-PERSONS	NA	3300.00	NA	NA	NA

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U = UNAVAILABLE
NA = NOT APPLICIBLE
NOTE: ONLY STATES WITH MEDICALLY NEEDY PROGRAMS ARE PRESENTED

	- CT -	- HI -	- IL -	- IN -	- MN -	- MO -	- NH -	- NC -
AGED	Y	Y	Y	Y	Y	Y	Y	Y
BLIND	Y	Y	Y	Y	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y	Y	Y	Y	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N	N	N	Y	N	N	Y	Y
DISABILITY LIMITED TO AGE 18 AND OLDER	Y	N	N	N	N	N	Y	Y
MORE RESTRICTIVE INCOME METHODS	N	8*	6	5	4*	1	U	5
MORE RESTRICTIVE RESOURCE METHODS	N	5*	1	4	4*	3	U	N
MORE RESTRICTIVE INCOME STANDARDS	N	Y*	Y	Y	N*	Y	Y	Y
URBAN/ALL								
1-PERSON	NA	396.00*	283.00	407.00	420.00	422.00	436.00	242.00
2-PERSONS	NA	531.00*	385.00	610.00	524.00	633.00	634.00	317.00
3-PERSONS	NA	666.00*	492.00	NA	638.00	NA	832.00	367.00
4-PERSONS	NA	802.00*	558.00	NA	745.00	NA	NA	400.00
5-PERSONS	NA	937.00*	650.00	NA	836.00	NA	NA	433.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N
MORE RESTRICTIVE RESOURCE STANDARDS	Y	Y*	Y	Y	Y*	Y	Y	Y
URBAN/ALL								
1-PERSON	1600.00	2000.00	2000.00	1500.00	1800.00	1000.00	1500.00	1500.00
2-PERSONS	2400.00	3000.00	3000.00	2250.00	2700.00	2000.00	NA	2250.00
3-PERSONS	NA	3250.00	3050.00	NA	NA	NA	NA	2350.00
4-PERSONS	NA	3500.00	3100.00	NA	NA	NA	NA	2450.00
5-PERSONS	NA	3750.00	3150.00	NA	NA	NA	NA	2550.00
RURAL VARIANCES EXIST	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE
NOTE: ONLY 209(b) STATES ARE PRESENTED

FINANCIAL CRITERIA USED IN ELIGIBILITY DETERMINATIONS
FOR THE AGED, BLIND, AND DISABLED IN 209(B) STATES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- ND -	- OH -	- OK -	- VA -
AGED	Y	Y	Y	Y
BLIND	Y	Y	Y	Y
DISABLED	Y	Y	Y	Y
MORE RESTRICTIVE DEFINITION OF DISABILITY	N	N	N	Y
DISABILITY LIMITED TO AGE 18 AND OLDER	N	Y	Y	N
MORE RESTRICTIVE INCOME METHODS	4	1	N	N
MORE RESTRICTIVE RESOURCE METHODS	7	1	1	5
MORE RESTRICTIVE INCOME STANDARDS	Y	Y	N	N
URBAN/ALL				
1-PERSON	345.00	363.00	NA	NA
2-PERSONS	400.00	633.00	NA	NA
3-PERSONS	435.00	NA	NA	NA
4-PERSONS	530.00	NA	NA	NA
5-PERSONS	600.00	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N
MORE RESTRICTIVE RESOURCE STANDARDS	N	Y	N	N
URBAN/ALL				
1-PERSON	NA	1500.00	NA	NA
2-PERSONS	NA	2250.00	NA	NA
3-PERSONS	NA	NA	NA	NA
4-PERSONS	NA	NA	NA	NA
5-PERSONS	NA	NA	NA	NA
RURAL VARIANCES EXIST	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NA = NOT APPLICIBLE
NOTE: ONLY 209(b) STATES ARE PRESENTED

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AK -	- AR -	- CA -	- DE -	- FL -	- GA -	- HI -	- ID -
INCOME METHODS								
AFDC RELATED GROUPS	N	N	N	Y	Y	Y	N	Y
CATEGORICALLY NEEDY	N	N	N	Y	N	Y	N	Y
MEDICALLY NEEDY	N	N	N	N	Y	Y	N	N
POVERTY LEVEL GROUPS	N	N	N	Y	Y	Y	N	N
METHODS VARY BY CATEGORY	N	N	U	N	N	Y	N	Y
PARENTAL INCOME EXCLUDED	N	N	U	Y	Y	Y	N	N
AGED, BLIND AND DISABLED	Y	N	U	N	Y	N	N	Y
CATEGORICALLY NEEDY	Y	N	U	N	Y	Y	N	Y
MEDICALLY NEEDY	N	N	U	N	Y	N	N	N
POVERTY LEVEL GROUPS	N	N	U	N	Y	Y	N	N
METHODS VARY BY CATEGORY	N	N	U	N	Y	Y	N	N
RESOURCE METHODS								
AFDC RELATED GROUPS	N	N	U	N	Y	Y	Y	Y
CATEGORICALLY NEEDY	N	N	U	N	Y	Y	Y	Y
MEDICALLY NEEDY	N	N	U	N	Y	Y	Y	N
POVERTY LEVEL GROUPS	N	Y	U	N	Y	Y	Y	N
METHODS VARY BY CATEGORY	N	N	U	N	Y	Y	N	Y
AGED, BLIND AND DISABLED	Y	Y	U	N	Y	Y	Y	Y
CATEGORICALLY NEEDY	Y	Y	U	N	Y	Y	Y	Y
MEDICALLY NEEDY	N	Y	U	N	Y	Y	Y	N
POVERTY LEVEL GROUPS	N	Y	U	N	Y	Y	Y	Y
METHODS VARY BY CATEGORY	N	N	U	N	Y	Y	N	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N	N	U	N	Y	Y	N	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N	N	Y	N	N	N	N	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N	N	U	N	N	Y	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY SECTION 1902(r)(2) ARE PRESENTED

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- IN -	- IA -	- KS -	- KY -	- ME -	- MA -	- MI -	- MN -
INCOME METHODS								
AFDC RELATED GROUPS	N	N	Y	N	N	N	Y	N*
CATEGORICALLY NEEDY	N	N	Y	N	N	N	Y	N*
MEDICALLY NEEDY	N	N	Y	N	N	N	N	N*
POVERTY LEVEL GROUPS	N	N	Y	N	N	N	N	N*
METHODS VARY BY CATEGORY	N	N	N	N	N	N	N	N*
PARENTAL INCOME EXCLUDED	N	N	N	N	N	N	N	N*
AGED, BLIND AND DISABLED	N	N	Y	Y	N	N	N	N*
CATEGORICALLY NEEDY	N	N	Y	Y	N	N	N	N*
MEDICALLY NEEDY	N	N	Y	Y	N	N	N	N*
POVERTY LEVEL GROUPS	N	N	Y	Y	N	N	Y	N*
METHODS VARY BY CATEGORY	N	N	N	N	N	N	N	Y*
RESOURCE METHODS								
AFDC RELATED GROUPS	Y	Y	Y	Y	N	Y	Y	Y*
CATEGORICALLY NEEDY	Y	N	Y	Y	N	N	N	Y*
MEDICALLY NEEDY	N	N	N	Y	N	Y	N	N*
POVERTY LEVEL GROUPS	N	Y	Y	Y	N	N	N	N*
METHODS VARY BY CATEGORY	Y	N	N	Y	N	N	N	Y*
AGED, BLIND AND DISABLED	Y	N	Y	Y	Y	Y	N	Y*
CATEGORICALLY NEEDY	Y	N	Y	Y	N	N	N	Y*
MEDICALLY NEEDY	N	N	N	Y	Y	Y	Y	N*
POVERTY LEVEL GROUPS	N	N	N	Y	N	N	Y	N*
METHODS VARY BY CATEGORY	N	N	N	N	N	N	N	Y*
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N	N	Y	Y	Y	Y	N	N*
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N	N	N	N	N	N	N	N*
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N	N	Y	Y	Y	N	N	N*

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY SECTION 1902(r)(2) ARE PRESENTED

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NY -	- NC -	- ND -
INCOME METHODS								
AFDC RELATED GROUPS	N	N	N	N	U	N	Y	Y
CATEGORICALLY NEEDY	N	N	N	N	N	N	Y	N
MEDICALLY NEEDY	N	N	N	N	N	N	Y	Y
POVERTY LEVEL GROUPS	N	N	N	N	N	N	Y	N
METHODS VARY BY CATEGORY	N	N	N	N	N	N	Y	N
PARENTAL INCOME EXCLUDED	N	N	N	N	N	N	Y	N
AGED, BLIND AND DISABLED	Y	Y	N	Y	N	N	Y	Y
CATEGORICALLY NEEDY	Y	Y	N	Y	N	N	Y	N
MEDICALLY NEEDY	N	N	N	Y	N	N	Y	Y
POVERTY LEVEL GROUPS	Y	Y	N	Y	N	N	Y	N
METHODS VARY BY CATEGORY	Y	N	N	N	N	N	Y	N
RESOURCE METHODS								
AFDC RELATED GROUPS	N	N	N	Y	N	Y	Y	Y
CATEGORICALLY NEEDY	N	N	N	Y	N	N	Y	N
MEDICALLY NEEDY	N	N	N	Y	N	Y	Y	Y
POVERTY LEVEL GROUPS	N	N	N	N	N	N	Y	N
METHODS VARY BY CATEGORY	N	N	N	N	N	N	Y	N
AGED, BLIND AND DISABLED	Y	Y	Y	Y	N	Y	Y	Y
CATEGORICALLY NEEDY	Y	Y	Y	Y	N	N	Y	N
MEDICALLY NEEDY	N	N	Y	Y	N	Y	Y	Y
POVERTY LEVEL GROUPS	Y	Y	N	N	N	N	Y	N
METHODS VARY BY CATEGORY	Y	N	N	N	N	N	Y	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	Y	Y	N	Y	N	Y	Y	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N	N	N	N	N	N	N	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N	N	Y	N	N	N	N	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY SECTION 1902(r)(2) ARE PRESENTED

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- OR -	- PA -	- RI -	- SC -	- TN -	- UT -	- VT -	- VA -
INCOME METHODS								
AFDC RELATED GROUPS	N	Y	N	N	Y	N	Y	Y
CATEGORICALLY NEEDY	N	Y	N	N	Y	N	N	Y
MEDICALLY NEEDY	N	Y	N	N	N	N	N	Y
POVERTY LEVEL GROUPS	N	N	N	N	Y	N	Y	Y
METHODS VARY BY CATEGORY	N	N	N	N	Y	N	N	N
PARENTAL INCOME EXCLUDED	N	N	N	N	Y	N	N	N
AGED, BLIND AND DISABLED	N	Y	N	Y	Y	N	Y	Y
CATEGORICALLY NEEDY	N	Y	N	N	Y	N	Y	Y
MEDICALLY NEEDY	N	Y	N	N	Y	N	Y	Y
POVERTY LEVEL GROUPS	N	N	N	Y	N	N	N	Y
METHODS VARY BY CATEGORY	N	N	N	N	Y	N	N	N
RESOURCE METHODS								
AFDC RELATED GROUPS	N	Y*	N	N	N	Y	Y	Y
CATEGORICALLY NEEDY	N	Y*	N	N	N	Y	Y	N
MEDICALLY NEEDY	N	Y*	N	N	N	Y	Y	Y
POVERTY LEVEL GROUPS	N	Y*	N	N	N	N	Y	N
METHODS VARY BY CATEGORY	N	Y*	N	N	N	N	N	N
AGED, BLIND AND DISABLED	Y	N*	Y	Y	Y	N	Y	Y
CATEGORICALLY NEEDY	N	Y	Y	Y	Y	N	Y	Y
MEDICALLY NEEDY	N	Y	N	Y	Y	N	Y	Y
POVERTY LEVEL GROUPS	N	N	N	Y	N	N	N	Y
METHODS VARY BY CATEGORY	N	N	N	Y	Y	N	N	N
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N	Y	Y	Y	Y	N	N	Y
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N	N	N	N	N	N	N	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	N	Y	N	N	N	N	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY SECTION 1902(r)(2) ARE PRESENTED

MORE LIBERAL INCOME AND RESOURCE METHODS AS DEFINED IN SECTION 1902(r)(2)
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WA -
INCOME METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	U
PARENTAL INCOME EXCLUDED	Y
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	N
RESOURCE METHODS	
AFDC RELATED GROUPS	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	Y
METHODS VARY BY CATEGORY	U
AGED, BLIND AND DISABLED	Y
CATEGORICALLY NEEDY	Y
MEDICALLY NEEDY	Y
POVERTY LEVEL GROUPS	N
METHODS VARY BY CATEGORY	Y
METHODS ALLOW FOR RESOURCES BELOW LIMIT DURING THE MONTH	N
METHODS ALLOW FOR DISREGARD OF RESOURCES BASED ON LONG-TERM CARE INSURANCE	N
METHODS EXCLUDE PROPERTY IF BONAFIDE EFFORT FOR SALE IS MADE	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH MORE LIBERAL INCOME AND RESOURCE METHODS, AS DEFINED BY SECTION 1902(r)(2) ARE PRESENTED

Section 3: Services Covered by Medicaid

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SECTION 3: SERVICES COVERED BY MEDICAID

The spDATA System profiles the services which States provide to the categorically needy and medically needy populations (1905(a) of the Social Security Act). Information on the categorically needy population is abstracted from Section 3.1(a)(1) and Attachment 3.1-A of the approved State plan. Data on services for the medically needy population are abstracted from Section 3.1(a)(2) and Attachment 3.1-B of the approved State plan.

Definitions of Categorically Needy and Medically Needy are found in the narrative for National Tables Section II: Eligibility.

Whatever package of services it chooses, a State may place limits on the amount, duration, and scope of the services offered. However, general requirements apply to:

- Statewideness: Medicaid services included in the State plan must be available throughout the entire State (section 1902(a)(1)).

- Freedom of choice of providers: Any Medicaid recipient may be able to obtain Medicaid services from any institution, agency, community pharmacy, or person, qualified to perform the service or services required (section 1902(a)(23)).

- Sufficiency of amount, duration, and scope: Each covered service must be sufficient in amount, duration, and scope to reasonably achieve its purpose (42 CFR 440.230).

- Comparability of services for groups: Medicaid services available to any individual in a Medicaid eligibility group must be equal in amount, duration, and scope for all individuals within the same group (42 CFR 440.240).

Data on 67 services are included in the spDATA System (see Appendix IV). Eighteen National Tables in Part One of this report present information on a selection of these services: inpatient and outpatient hospital, physician, targeted case management, prescribed drugs, transportation, transplant, EPSDT, rural health clinics, federally qualified health centers, maternal and child health clinics, mental health clinics, alcohol and substance abuse clinics, birthing centers, ambulatory surgical centers, end stage renal disease facilities, and MR/day treatment facilities.

All of the limitations that a State may impose on services are not included in the spDATA system; therefore, States may have limitations on services that are not identified in the National Tables.

Limitations are not shown for services provided for pregnancy related and postpartum care and for other conditions that may complicate pregnancy. Medicaid provides services to categorically or medically needy pregnant women that are not otherwise available to other groups under the Medicaid State plan. Pregnancy related and postpartum care services are mandatory, services for other complications related to pregnancy are optional.

Table 3-1 lists all of the services that States could cover for the categorically and medically needy populations and shows which are covered by each State. This Table

also indicates whether the States impose limitations on the services and which States do not have a medically needy program.

Tables 3-2 and 3-3 present the limitations on coverage of services for inpatient and outpatient hospital services respectively.

- Inpatient Hospital Services (other than services in an institution for mental disease) must be licensed or approved as a hospital by a State standard-setting authority. The facility must meet the requirements for participation in Medicare, and have in effect an approved utilization review plan that applies to all Medicaid patients. The treatment plan must be directed by an authorized doctor or dentist.

- Outpatient Hospital Services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished to outpatients under the direction of a physician or dentist by an institution that is licensed or formally approved as a hospital by an officially designated authority for State standard-setting and meets the requirements for participation in Medicare as a hospital.

- Service provided: This item indicates whether a specified service is covered for a category of eligibility.

- Limitation on Days per Year: The maximum number of inpatient hospital days that the State will assume financial liability for an individual for one year. A year may be a calendar, State fiscal, or Federal fiscal year.

- Limitation on Days per Admission: The maximum number of days that the State will assume financial liability for inpatient hospital services for an individual per admission.

- Limitation per Spell of Illness: The maximum number of days a State will assume financial liability for inpatient hospital services for an individual per spell of illness. A spell of illness may include multiple admissions for the same condition.

- Variable Limitations: The State will assume financial responsibility for a maximum variable number of service days per hospital admission using a combination of diagnosis and procedures codes. The Professional Activities Study (PAS) is a common reference for this type of limitation. Although a State may assign a gross limit period in its State plan, if a patient's condition requires additional care, and an extension of time is requested, the State may determine that additional time is warranted.

- Other Limitations: The State has at least one type of limit which is not included in the predefined choices.

- Prior Authorization: The State has a requirement that providers obtain prior approval for certain procedures or plans of care before the State will assume financial responsibility.

    Dollar Threshold: Providers must obtain prior approval for certain procedures, items, or plans of care if the expected cost exceeds a predefined level.

Unit Threshold: Prior approval is required if the predefined number of services or procedures will be exceeded.

Procedure: The State has a requirement that providers must obtain prior approval for certain procedures before the State will assume financial responsibility.

Item: Prior approval must be obtained from the State before the State will assume financial responsibility for certain items.

Extension of Benefits: Prior approval is required to provide additional care beyond the predefined number of services or procedures.

Other: The State has additional prior authorization requirements which are not included in the predefined choices.

Medicaid recipients may be required to receive a second opinion before services are provided. For a specific procedure: the State has established a list of procedures or care plans which require the consultation of a second professional. For an elective procedure: recipients must consult with another medical professional as to the necessity of a treatment plan for procedures commonly recognized by the medical community as being elective.

Limitations on exclusions of any procedure: The State has excluded at least one item or procedure from coverage regardless of medical necessity (e.g., experimental procedure/surgery, cosmetic surgery, routine physical exam, and other).

Tables 3-4.1 and 3-4.2 show the limitations on coverage of physician services. Physician services are services furnished by, or under the direction of, a licensed doctor of medicine or osteopathy in the State where the services are performed. States may assign a gross limit on the number of physician visits by setting (inpatient hospital, nursing facility, emergency room, home, office, and other), type of procedure, and period of time service may be provided (day, week, month, quarter, or year). (If a patient's condition requires additional care, and an extension is requested, the State may determine that additional services are warranted.) State plans may also include limitations requiring physicians to receive prior authorization before providing services. Medicaid recipients may be required to receive a second opinion before services are provided (see definition in narrative above).

Table 3-5 presents data on the groups of Medicaid recipients who receive targeted case management services (TCM) and the limitations that States may impose on these services. These groups are included on this Table; Medicaid recipients under 21, chronically mentally ill, pregnant women, recipients with AIDS, recipients who test HIV positive, and the developmentally disabled. (Developmental disabilities are any mental or physical impairments that limit a person's functional ability in certain activities.)

Limitations on the coverage of prescribed and over-the-counter drugs are shown on Table 3-6. Prescribed drugs are simple or compound substances or mixtures of substances prescribed for the cure, mitigation or prevention of disease, or for health maintenance that are: (1) prescribed by a physician or other licensed practitioner; (2) dispensed by a licensed pharmacist or licensed practitioner in accordance with the

State Medical Practice Act; and (3) dispensed by the pharmacist or practitioner on a written prescription that is recorded and maintained in the pharmacist's or practitioner's records.

- A Legend Drug is any drug that requires a prescription.

Limitations also may be placed on the quantity and frequency of refills.

States must provide transportation for Medicaid recipients to secure Medicaid services. If transportation is covered as an administrative expense, Federal matching is at the appropriate administrative rate. If transportation is covered as an optional service, Federal matching is at the Federal Medical Assistance Percentage (FMAP) rate. Table 3-7 presents two categories of limitations which States may place on the coverage of transportation services (prior authorization and modes of transportation). The category of prior authorization is further divided into subgroups: attendant care and out-of-State providers. Limitations on modes of transportation include: trips per recipient, visits per month, waiting time, miles, emergency trips, and out-of-state trips.

- Ambulette--An ambulette is a medical van which seats from nine to twelve people.

- Livery--In the spDATA Tables, livery means any vehicle for hire.

Table 3-8 provides a national profile for a selection of transplant services. Table 3-9 includes data on transplant coverage provided through the EPSDT program.

Table 3-9 is a profile of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. EPSDT services are mandatory services under the Medicaid program for categorically needy individuals under the age of 21. Under EPSDT, States are required to establish distinct periodicity schedules for screening, vision, hearing, and dental services. States are also required to provide for interperiodic screens as indicated by medical necessity to determine the existence of a suspected illness or condition.

Periodic screening services must include a comprehensive health and developmental history, a comprehensive unclothed physical exam, appropriate immunizations, laboratory tests (including blood lead level testing), and health education. States must also provide periodic vision services, which include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses, periodic dental services which include relief of pain and infections, restoration of teeth, and maintenance of dental health and periodic hearing services which include diagnosis and treatment for defects in hearing (including hearing aids).

States are also required to provide to EPSDT recipients all necessary health care, diagnostic services, treatment, and other measures coverable under Medicaid to correct or ameliorate defects in physical and mental illnesses and conditions discovered by screening services, whether or not such services are otherwise provided under the State plan.

Exclusion of any equipment/supplies: States may exclude from coverage certain supplies and/or equipment.

Exclusion of any procedures: States may exclude a procedure from coverage, regardless of medical necessity.

Tables 3-10 through 3-18 show limitations and coverage of clinic services.

Table 3-10: Rural Health Clinic (RHC): A RHC is a facility located in an area designated as a shortage area that primarily furnishes to outpatients the professional services of a physician, physician assistant, nurse practitioner, clinical psychologist, clinical social worker, and services and supplies incident to such services. In addition, RHCs may also furnish other Medicaid ambulatory services if such services are included in the State Medicaid plan and the RHC is qualified to provide such services. RHCs must meet Medicaid certification requirements. Rural health clinic services are offered as mandatory services (42 CFR 491.2) except when:

- a State has no area that is delineated as a urbanized area by the Bureau of the Census; or

- a State's rural area Medicaid population is being served under other clinic settings.

  Rural area means an area that is not delineated as an urbanized area by the Bureau of the Census.

  Shortage area is a defined geographic area designated by HHS as having either a shortage of personal health services or a shortage of primary medical care manpower.

Table 3-11: Federally Qualified Health Center (FQHC): A FQHC is an entity which is receiving a grant under section 329, 330, or 340 of the Public Health Service Act; or is receiving funding from such a grant under a contract with the recipient of such a grant, and meets the requirements to receive a grant under section 329, 330, or 340 of such Act (see 1902(l)).

The other clinic services included in this section are:

Table 3-12: Maternal and Child Health Clinics
Table 3-13: Mental Health Clinics
Table 3-14: Alcohol and Substance Abuse Clinics
Table 3-15: Birthing Centers
Table 3-16: Ambulatory Surgical Centers
Table 3-17: End Stage Renal Disease Facilities
Table 3-18: MR/Day Treatment Facilities

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
+INPATIENT HOSPITAL	YL	N	YL	N	YL	N	YL*	YL*	YL	YL	Y	N	YL	YL	Y	N
+OUTPATIENT HOSPITAL	YL	N	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	Y	N
+RURAL HEALTH CLINICS	YL	N	Y	N	YL	N	YL	YL	YL	YL	Y	N	Y	Y	Y	N
+FEDERALLY QUAL HLTH CTRS	YL	N	Y	N	YL	N	YL	YL	Y	Y	Y	N	Y	Y	YL	N
+OTHER LAB AND X-RAYS	YL	N	YL	N	YL	N	Y*	Y*	YL	YL	Y	N	Y	Y	Y	N
+NF (AGE 21 OR OLDER)	YL	N	YL	N	Y	N	Y	N	YL	YL	Y	N	Y	Y	Y	N
+EPSDT	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
+FAM PLANNING & SUPPLIES	Y	N	YL	N	YL	N	YL	YL	Y	Y	Y	N	Y	Y	Y	N
+PHYSICIAN SERVICES	YL	N	YL	N	YL	N	YL	YL	YL	YL	Y	N	YL	YL	Y	N
+MED/SURG SERV OF A DENTIST	N	N	YL	N	YL	N	YL	YL	YL	YL	Y	N	N	N	Y	N
OTHER LICENSED PRACTITIONERS																
PODIATRISTS	N	N	N	N	YL	N	YL	YL	YL	YL	Y	N	YL	YL	YL	N
OPTOMETRISTS	YL	N	Y	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	N
CHIROPRACTORS	N	N	YL	N	YL	N	N*	N*	YL	YL	N	N	YL	YL	N	N
PSYCHOLOGISTS	N	N	N	N	YL	N	N*	N*	YL	YL	Y	N	YL	YL	N	N
MEDICAL SOCIAL WORKERS	N	N	N	N	YL	N	N	N	N	N	N	N	N	N	N	N
NURSE ANESTHETISTS	Y	N	N	N	YL	N	Y	Y	Y	Y	Y	N	N	N	N	N
HOME HEALTH SERVICES																
+HOME HEALTH NURSING	YL	N	YL	N	YL	N	Y*	Y*	YL	YL	YL	N	YL	YL	Y	N
+HOME HEALTH AIDE	YL	N	YL	N	YL	N	Y*	Y*	YL	YL	YL	N	YL	YL	Y	N
+MED SUPP/EQUIP/APPLIANCES	YL	N	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	Y	N
PHYSICAL THERAPY	N	N	YL	N	YL	N	Y	Y	YL	YL	YL	N	YL	YL	Y	N
OCCUPATIONAL THERAPY	N	N	YL	N	YL	N	N	N	YL	YL	YL	N	YL	YL	Y	N
SPEECH PATHOLOGY/AUDIOLOGY	N	N	YL	N	YL	N	N	N	YL	YL	YL	N	Y	Y	Y	N
PRIVATE DUTY NURSING	N	N	N	N	YL	N	YL	YL	N	N	YL	N	N	N	YL	N
CLINIC SERVICES																
MATERNAL&CHILD HLTH CLINIC	YL*	N*	Y	N	YL	N	N	N	YL	YL	N	N	N	N	Y	N
MENTAL HEALTH CLINIC	Y	N	YL	N	YL	N	N	N	YL	YL	Y	N	YL	YL	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N	N	N	YL	N	N	N	YL	YL	N	N	N	N	N	N
BIRTHING CENTER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
AMBULATORY SURGICAL CENTER	YL	N	N	N	N	N	YL	YL	YL	YL	YL	N	N	N	N	N
END STAGE RENAL DISEASE	N	N	N	N	N	N	Y	Y	YL	YL	N	N	N	N	Y	N
MR/DAY TREATMENT	N	N	N	N	N	N	YL	YL	YL	YL	N	N	N	N	N	N
DENTAL SERVICES	N	N	YL	N	YL	N	N*	N*	YL	YL	N	N	YL	YL	N	N
PHYS THERAPY & REL SERVICES																
PHYSICAL THERAPY	YL	N	Y	N	YL	N	N*	N*	YL	YL	N	N	YL	YL	N	N
OCCUPATIONAL THERAPY	YL	N	Y	N	YL	N	N*	N*	YL	YL	N	N	N	N	N	N
SPEECH DISORDERS	YL	N	Y	N	YL	N	N*	N*	YL	YL	N	N	YL	YL	N	N
HEARING DISORDERS	YL	N	Y	N	YL	N	N*	N*	YL	YL	N	N	YL	YL	N	N
LANGUAGE DISORDERS	YL	N	Y	N	YL	N	N*	N*	N	N	N	N	YL	YL	N	N
PRESCRIBED ITEMS																
PRESCRIBED DRUGS	YL	N	YL	N	YL	N	YL*	YL*	YL	YL	YL	N	YL	YL	YL	N
DENTURES	YL	N	N	N	YL	N	N*	N*	YL	YL	N	N	YL	YL	N	N
PROSTHETIC DEVICES	YL	N	Y	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED	1	- AK - CAT/MED	1	- AZ - CAT/MED	1	- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED	1	- CT - CAT/MED		- DE - CAT/MED	1
EYEGLASSES	YL	N	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	N	N
OTHER PROFESSIONAL SERVICES																
DIAGNOSTIC SERVICES	YL	N	N	N	N	N	N	N	N	N	N	N	YL	YL	YL	N
SCREENING SERVICES	Y	N	N	N	YL	N	N	N	N	N	N	N	YL	YL	N	N
PREVENTIVE SERVICES	YL	N	N	N	YL	N	N	N	YL	YL	N	N	YL	YL	N	N
REHABILITATIVE SERVICES	YL	N	N	N	YL	N	YL*	YL*	YL	YL	YL	N	YL	YL	YL	N
IMD INPAT HOSP (65 OR OLDER)	N	N	YL	N	N	N	N*	N*	YL	YL	Y	N	Y	Y	Y	N
IMD NF (65 OR OLDER)	YL	N	N	N	N	N	Y*	N*	YL	YL	Y	N	Y	Y	Y	N
ICF/MR	Y	N	YL	N	YL	N	Y	N	YL	YL	Y	N	Y	Y	Y	N
INPAT PSYCH (UNDER 21)	Y	N	YL	N	YL	N	Y	Y	YL	YL	Y	N	Y	Y	N	N
+NURSE MIDWIFE	YL	N	Y	N	YL	N	Y	Y	YL	YL	Y	N	Y	Y	Y	N
HOSPICE CARE	YL	N	N	N	Y	N	N	N	YL	YL	Y	N	N	N	YL	N
TARGETED CASE MGMT SERVICES																
TCM - UNDER 21	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - CHRON MENTALLY ILL	YL	N	N	N	N	N	N	N	YL	YL	N	N	N	N	N	N
TCM - PREGNANT WOMEN	YL	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
TCM - AIDS	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - HIV POSITIVE	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - DEVELOP DISABLED	N	N	N	N	N	N	YL	YL	YL	YL	YL	N	N	N	N	N
PRESUMPTIVE ELIGIBILITY																
AMBULATORY PRENATAL CARE	Y	N	N	N	N	N	YL	N	N	N	Y	N	N	N	N	N
RESPIRATORY CARE SERVICES	YL	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
+CERT PED NURSE PRACTITIONER	YL	N	Y	N	YL	N	YL	YL	N	N	Y	N	Y	Y	Y	N
+CERT FAM NURSE PRACTITIONER	YL	N	Y	N	YL	N	YL	YL	N	N	Y	N	Y	Y	Y	N
OTHER CARE RECOG BY STATE LAW																
TRANSPORTATION SERVICES	YL	N	YL	N	YL	N	Y	Y	YL	YL	YL	N	Y	Y	YL	N
CHRISTIAN SCI NURSES	YL	N	N	N	YL	N	N	N	YL	YL	N	N	N	N	N	N
CHRISTIAN SCI SANITORIUMS	YL	N	N	N	YL	N	N	N	YL	YL	N	N	Y	Y	N	N
NF SERVICES (UNDER 21)	YL	N	YL	N	Y	N	Y	N	YL	YL	Y	N	Y	Y	Y	N
EMERGENCY HOSP SERVICES	YL	N	Y	N	YL	N	Y	Y	YL	YL	Y	N	N	N	Y	N
PERSONAL CARE SERVICES	YL	N	YL	N	N	N	YL*	YL*	N	N	N	N	N	N	N	N
TRANSPLANT SERVICES	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
+INPATIENT HOSPITAL	YL	YL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	YL
+OUTPATIENT HOSPITAL	YL	YL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	YL
+RURAL HEALTH CLINICS	N	N	Y	Y	YL	YL	N	N	YL	N	YL	YL	Y	N	Y	Y
+FEDERALLY QUAL HLTH CTRS	Y	Y	Y	Y	YL	YL	Y	Y	YL	N	Y	Y	Y	N	Y	Y
+OTHER LAB AND X-RAYS	YL	YL	Y	Y	YL	YL	Y	Y	YL	N	YL	YL	Y	N	YL	YL
+NF (AGE 21 OR OLDER)	Y	Y	YL	N	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	N
+EPSDT	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
+FAM PLANNING & SUPPLIES	Y	Y	YL	YL	YL	YL	Y	Y	Y	N	Y	Y	Y	N	YL	YL
+PHYSICIAN SERVICES	YL	YL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL	YL	YL	N	N	YL	YL	Y	N	Y	Y	Y	N	YL	YL
OTHER LICENSED PRACTITIONERS																
PODIATRISTS	YL	YL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	YL
OPTOMETRISTS	YL	YL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	YL
CHIROPRACTORS	N	N	YL*	YL*	N	N	N	N	YL	N	YL	YL	Y	N	YL	YL
PSYCHOLOGISTS	N	N	N	N	YL	YL	YL	YL	N	N	N	N	Y	N	YL	YL
MEDICAL SOCIAL WORKERS	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	YL	YL
NURSE ANESTHETISTS	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	YL	YL
HOME HEALTH SERVICES																
+HOME HEALTH NURSING	YL	YL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	N	Y	Y
+HOME HEALTH AIDE	YL	YL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	N	Y	Y
+MED SUPP/EQUIP/APPLIANCES	YL	YL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	YL
PHYSICAL THERAPY	YL	YL	Y	Y	YL	YL	YL	YL	YL	N	YL	YL	Y	N	Y	Y
OCCUPATIONAL THERAPY	YL	YL	Y	Y	N	N	YL	YL	YL	N	YL	YL	Y	N	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	YL	Y	Y	YL	YL	YL	YL	YL*	N*	YL	YL	YL	N	YL	YL
PRIVATE DUTY NURSING	YL	YL	YL	YL	N	N	N	N	N	N	YL	YL	Y	N	N	N
CLINIC SERVICES																
MATERNAL&CHILD HLTH CLINIC	Y	Y	YL	YL	N	N	Y	Y	Y	N	N	N	Y	N	Y	Y
MENTAL HEALTH CLINIC	Y	Y	N	N	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	YL
ALCOHOL & SUB ABUSE CLINIC	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
BIRTHING CENTER	Y	Y	YL	YL	Y	Y	N	N	N	N	N	N	Y	N	Y	Y
AMBULATORY SURGICAL CENTER	N	N	YL	YL	YL	YL	N	N	YL	N	N	N	Y	N	YL	YL
END STAGE RENAL DISEASE	Y	Y	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
MR/DAY TREATMENT	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	YL	YL
DENTAL SERVICES	YL	YL	YL	YL	YL	YL	YL	YL	N	N	YL	YL	Y	N	YL	YL
PHYS THERAPY & REL SERVICES																
PHYSICAL THERAPY	YL	YL	Y	Y	N	N	YL	YL	YL	N	YL	YL	Y	N	Y	Y
OCCUPATIONAL THERAPY	YL	YL	Y	Y	N	N	YL	YL	N	N	YL	YL	Y	N	Y	Y
SPEECH DISORDERS	YL	YL	Y	Y	N	N	YL	YL	YL*	N*	YL	YL	Y	N	Y	Y
HEARING DISORDERS	YL	YL	YL	YL	N	N	YL	YL	Y*	N	YL	YL	Y	N	YL	YL
LANGUAGE DISORDERS	YL	YL	Y	Y	N	N	YL	YL	Y*	N	YL	YL	Y	N	Y	Y
PRESCRIBED ITEMS																
PRESCRIBED DRUGS	YL	YL	YL*	YL*	YL*	YL*	YL	YL	YL	N	YL	YL	Y	N	YL	YL
DENTURES	YL	YL	YL	YL	Y	YL	YL	YL	YL*	N*	YL	YL	Y	N	YL	YL
PROSTHETIC DEVICES	YL	YL	YL	YL	YL	YL	YL	YL	YL*	N*	YL	YL	Y	N	YL	YL

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COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
EYEGLASSES	YL	YL	YL	YL	YL	YL	YL	YL	N	N	YL	YL	Y	N	YL	YL
OTHER PROFESSIONAL SERVICES																
DIAGNOSTIC SERVICES	YL	YL	N	N	YL*	YL*	YL	YL	N	N	Y	Y	Y	N	N	N
SCREENING SERVICES	YL	YL	N	N	YL*	YL*	Y	Y	N	N	YL	YL	Y	N	N	N
PREVENTIVE SERVICES	YL	YL	N	N	YL*	YL*	Y	Y	N	N	N	N	Y	N	N	N
REHABILITATIVE SERVICES	YL	YL	YL*	YL*	YL*	YL*	YL	YL	YL	N	YL	YL	Y	N	YL	YL
IMD INPAT HOSP (65 OR OLDER)	Y	Y	Y	N	N	N	N	N	N	N	Y	Y	N	N	Y	N
IMD NF (65 OR OLDER)	Y	Y	N	N	N	N	N	N	Y	N	YL	YL	N	N	N	N
ICF/MR	Y	Y	Y	N	YL	YL	YL	YL	Y	N	YL	YL	N	N	Y	N
INPAT PSYCH (UNDER 21)	Y*	Y*	N	N	N	N	YL	YL	N	N	YL	YL	Y	N	YL	N
+NURSE MIDWIFE	Y	Y	YL	YL	YL	YL	YL	YL	Y	N	YL	YL	Y	N	Y	Y
HOSPICE CARE	N	N	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	N	N	YL	YL
TARGETED CASE MGMT SERVICES																
TCM - UNDER 21	N	N	YL	YL	YL	YL	N	N	N	N	N	N	N	N	N	N
TCM - CHRON MENTALLY ILL	N	N	YL	YL	YL	YL	YL	YL	YL	N	Y*	Y*	N	N	N	N
TCM - PREGNANT WOMEN	N	N	N	N	YL	YL	N	N	YL	N	N	N	Y	N	YL	YL
TCM - AIDS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - HIV POSITIVE	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
TCM - DEVELOP DISABLED	N	N	N	N	YL	YL	YL	YL	N	N	N	N	N	N	N	N
PRESUMPTIVE ELIGIBILITY																
AMBULATORY PRENATAL CARE	N	N	Y	Y	N	N	Y	Y	Y	N	YL	YL	N	N	Y	N
RESPIRATORY CARE SERVICES	N	N	Y	Y	N	N	YL	YL	N	N	N	N	Y	N	N	N
+CERT PED NURSE PRACTITIONER	N	N	YL	YL	YL	YL	Y	Y	Y	N	N	N	Y	N	YL	YL
+CERT FAM NURSE PRACTITIONER	N	N	YL	YL	YL	YL	Y	Y	Y	N	N	N	Y	N	Y	Y
OTHER CARE RECOG BY STATE LAW																
TRANSPORTATION SERVICES	Y	Y	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	YL	N	YL	YL
CHRISTIAN SCI NURSES	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
CHRISTIAN SCI SANITORIUMS	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
NF SERVICES (UNDER 21)	Y	Y	Y	N	YL	YL	YL	YL	YL	N	YL	YL	Y	N	YL	N
EMERGENCY HOSP SERVICES	YL	YL	YL	YL	N	N	Y	Y	YL	N	YL	YL	Y	N	N	N
PERSONAL CARE SERVICES	Y	Y	Y	Y	N	N	N	N	YL	N	N	N	N	N	N	N
TRANSPLANT SERVICES	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y

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COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
+INPATIENT HOSPITAL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL	YL	YL	YL	YL	Y	Y	YL	YL	YL	YL	YL	YL	YL	YL
+RURAL HEALTH CLINICS	YL	YL	YL	YL	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
+FEDERALLY QUAL HLTH CTRS	YL	YL	Y*	Y*	Y*	Y*	Y	Y	YL	YL	N	N	Y	Y	Y	Y
+OTHER LAB AND X-RAYS	YL	YL	YL	YL	Y	Y	Y	Y	Y	Y	Y	Y	YL	YL	YL	YL
+NF (AGE 21 OR OLDER)	YL	YL	YL*	YL*	Y	Y	Y	Y	Y	Y	YL	YL	YL	YL	Y	Y
+EPSDT	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
+FAM PLANNING & SUPPLIES	Y	Y	Y	Y	Y	Y	YL	YL	Y	Y	Y	Y	Y	Y	Y	Y
+PHYSICIAN SERVICES	YL	YL	YL	YL	YL	YL	Y	Y	YL	YL	YL	YL	YL	YL	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL	YL	YL	YL	YL	Y	Y	YL	YL	N	N	N	N	N	N
OTHER LICENSED PRACTITIONERS																
PODIATRISTS	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
OPTOMETRISTS	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
CHIROPRACTORS	YL	YL	N	N	N	N	YL	YL	Y	Y	N	N	N	N	YL	YL
PSYCHOLOGISTS	YL	YL	N	N	N	N	YL	YL	Y	Y	YL	YL	N	N	YL	YL
MEDICAL SOCIAL WORKERS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	YL	YL
NURSE ANESTHETISTS	YL	YL	Y	Y	Y	Y	N	N	YL	YL	N	N	Y	Y	YL	YL
HOME HEALTH SERVICES																
+HOME HEALTH NURSING	YL	YL	Y	Y	Y	Y	Y	Y	YL	YL	Y	Y	YL	YL	YL	YL
+HOME HEALTH AIDE	YL	YL	Y	Y	Y	Y	Y	Y	YL	YL	YL	YL	YL	Y	YL	Y
+MED SUPP/EQUIP/APPLIANCES	YL	YL	YL	YL	Y	Y	Y	Y	YL	YL	YL	YL	YL	YL	YL	YL
PHYSICAL THERAPY	YL	YL	YL	YL	Y	Y	Y	Y	YL	YL	Y	Y	Y	Y	Y	Y
OCCUPATIONAL THERAPY	YL	YL	YL	YL	N	N	Y	Y	YL	YL	Y	Y	YL	YL	Y	Y
SPEECH PATHOLOGY/AUDIOLOGY	YL	YL	YL	YL	N	N	Y	Y	YL	YL	Y	Y	Y	Y	Y	Y
PRIVATE DUTY NURSING	N	N	N	N	N	N	YL	YL	YL	YL	YL	YL	N	N	YL	YL
CLINIC SERVICES																
MATERNAL&CHILD HLTH CLINIC	YL	YL	YL	YL	YL	YL	N	N	Y	Y	Y	Y	Y	Y	N	N
MENTAL HEALTH CLINIC	YL	YL	YL	YL	Y	Y	N	N	Y	Y	Y	Y	Y	Y	YL	YL
ALCOHOL & SUB ABUSE CLINIC	YL	YL	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y*	Y*	YL	YL
BIRTHING CENTER	YL	YL	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N
AMBULATORY SURGICAL CENTER	YL	YL	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y
END STAGE RENAL DISEASE	YL	YL	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
MR/DAY TREATMENT	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
DENTAL SERVICES	YL	YL	YL	YL	N	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
PHYS THERAPY & REL SERVICES																
PHYSICAL THERAPY	YL	YL	YL	YL	N	N	Y	Y	YL	YL	YL	YL	YL	YL	Y	Y
OCCUPATIONAL THERAPY	YL	YL	YL	YL	N	N	Y	Y	N	N	YL	YL	YL	YL	YL	YL
SPEECH DISORDERS	YL	YL	YL	YL	N	N	Y	Y	YL	YL	YL	YL	YL	YL	Y	Y
HEARING DISORDERS	YL	YL	YL	YL	N	N	YL	YL	YL	YL	YL	YL	YL	YL	Y	Y
LANGUAGE DISORDERS	YL	YL	N	N	N	N	Y	Y	YL	YL	YL	YL	Y	Y	Y	Y
PRESCRIBED ITEMS																
PRESCRIBED DRUGS	YL	YL	YL	YL	Y	Y	YL	YL	YL	YL	Y	Y	YL	Y	YL	YL
DENTURES	YL	YL	N	N	Y	Y	YL	YL	YL	YL	Y	Y	YL	YL	YL	YL
PROSTHETIC DEVICES	YL	YL	YL	YL	Y	Y	Y	Y	YL	YL	Y	Y	YL	YL	YL	YL

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COVERAGE AND LIMITATIONS	- KS - CAT/MED		- KY - CAT/MED		- LA - CAT/MED		- ME - CAT/MED		- MD - CAT/MED		- MA - CAT/MED		- MI - CAT/MED		- MN - CAT/MED	
EYEGLASSES	YL	YL	N	N	N	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
OTHER PROFESSIONAL SERVICES																
DIAGNOSTIC SERVICES	N	N	YL	YL	N	N	YL	YL	N	N	Y	Y	YL	YL	Y	Y
SCREENING SERVICES	N	N	YL	YL	N	N	YL	YL	N	N	Y	Y	N	N	Y	Y
PREVENTIVE SERVICES	N	N	YL	YL	N	N	YL	YL	N	N	Y	Y	N	N	Y	Y
REHABILITATIVE SERVICES	YL	YL	YL	YL	Y	Y	YL	YL	N	N	Y	Y	YL	YL	YL	YL
IMD INPAT HOSP (65 OR OLDER)	YL	YL	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
IMD NF (65 OR OLDER)	YL	YL	YL	YL	N	N	N	N	YL	YL	Y	Y	YL	YL	YL	YL
ICF/MR	YL	YL	YL	YL	Y	Y	Y	Y	Y	Y	Y	Y	YL	YL	YL	YL
INPAT PSYCH (UNDER 21)	YL	YL	YL	YL	Y	Y	Y	Y	Y	Y	YL	YL	YL	YL	YL	YL
+NURSE MIDWIFE	YL	YL	Y	Y	Y	Y	Y	Y	YL	YL	Y	Y	YL	YL	Y	Y
HOSPICE CARE	YL	YL	YL	YL	N	N	N	N	YL	YL	Y	Y	YL	YL	YL	YL
TARGETED CASE MGMT SERVICES																
TCM - UNDER 21	YL	YL	YL	YL	N	N	N	N	YL	YL	N	N	N	N	N	N
TCM - CHRON MENTALLY ILL	Y	Y	Y*	Y*	Y	Y	YL	YL	N	N	Y	Y	N	N	N	N
TCM - PREGNANT WOMEN	N	N	YL	YL	Y	Y	YL	YL	YL	YL	N	N	N	N	N	N
TCM - AIDS	N	N	N	N	N	N	YL	YL	YL	YL	Y	Y	N	N	N	N
TCM - HIV POSITIVE	N	N	N	N	Y	Y	N	N	YL	YL	Y	Y	N	N	N	N
TCM - DEVELOP DISABLED	N	N	N	N	Y	Y	YL	YL	YL	YL	N	N	N	N	N	N
PRESUMPTIVE ELIGIBILITY																
AMBULATORY PRENATAL CARE	N	N	N	N	Y	N	YL	YL	Y	Y	N	N	N	N	N	N
RESPIRATORY CARE SERVICES	N	N	N	N	N	N	N	N	YL	YL	N	N	YL	YL	N	N
+CERT PED NURSE PRACTITIONER	YL	YL	N	N	YL	YL	Y	Y	N	N	N	N	Y	Y	Y	Y
+CERT FAM NURSE PRACTITIONER	YL	YL	N	N	YL	YL	Y	Y	YL	YL	N	N	YL	YL	Y	Y
OTHER CARE RECOG BY STATE LAW																
TRANSPORTATION SERVICES	YL	YL	YL	YL	YL	YL	Y	Y	YL	YL	Y	Y	YL	YL	Y	Y
CHRISTIAN SCI NURSES	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
CHRISTIAN SCI SANITORIUMS	N	N	N	N	N	N	Y	Y	N	N	N	N	YL	YL	N	N
NF SERVICES (UNDER 21)	YL	YL	YL	YL	Y	N	Y	Y	YL	YL	YL	YL	YL	YL	N	N
EMERGENCY HOSP SERVICES	Y	Y	YL	YL	N	N	N	N	Y	Y	Y	Y	YL	YL	N	N
PERSONAL CARE SERVICES	YL	YL	N	N	N	N	YL	YL	YL	YL	YL	YL	YL	YL	N	N
TRANSPLANT SERVICES	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1
+INPATIENT HOSPITAL	Y	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
+OUTPATIENT HOSPITAL	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
+RURAL HEALTH CLINICS	Y*	N*	Y	N	YL	YL	Y	Y	YL	N	Y	Y	N	N	YL	N
+FEDERALLY QUAL HLTH CTRS	YL*	N*	Y	N	YL	YL	Y	Y	N	N	Y	Y	YL	YL	YL	N
+OTHER LAB AND X-RAYS	Y	N	Y	N	YL	YL	Y	Y	Y	N	YL	YL	Y	Y	YL	N
+NF (AGE 21 OR OLDER)	YL	N	Y	N	YL	YL	Y	Y	Y	N	YL	YL	YL*	N*	Y	N
+EPSDT	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N
+FAM PLANNING & SUPPLIES	Y	N	Y	N	YL	YL	Y	Y	Y	N	YL	YL	Y	Y	YL	N
+PHYSICIAN SERVICES	Y	N	Y	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
+MED/SURG SERV OF A DENTIST	YL	N	Y	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	N	N
OTHER LICENSED PRACTITIONERS																
PODIATRISTS	N	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
OPTOMETRISTS	N	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
CHIROPRACTORS	N	N	N	N	N	N	YL	YL	YL	N	YL	YL	YL	YL	N	N
PSYCHOLOGISTS	N	N	N	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
MEDICAL SOCIAL WORKERS	N	N	N	N	YL	YL	N	N	N	N	N	N	N	N	N	N
NURSE ANESTHETISTS	Y	N	N	N	YL	YL	Y	Y	YL	N	N	N	N	N	YL	N
HOME HEALTH SERVICES																
+HOME HEALTH NURSING	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
+HOME HEALTH AIDE	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	Y	N
+MED SUPP/EQUIP/APPLIANCES	Y	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	Y	N
PHYSICAL THERAPY	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
OCCUPATIONAL THERAPY	N	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
SPEECH PATHOLOGY/AUDIOLOGY	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
PRIVATE DUTY NURSING	N	N	N	N	YL	YL	Y	Y	YL	N	YL	YL	YL	N	N	N
CLINIC SERVICES																
MATERNAL&CHILD HLTH CLINIC	N	N	Y	N	YL	YL	Y	Y	Y	N	N	N	YL	YL	YL	N
MENTAL HEALTH CLINIC	N	N	Y	N	YL	YL	YL	YL	Y	N	N	N	YL	YL	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N	YL	N	N	N	N	N	YL	N	N	N	YL	YL	N	N
BIRTHING CENTER	YL*	N*	N	N	N	N	N	N	N	N	N	N	YL	YL	N	N
AMBULATORY SURGICAL CENTER	Y	N	YL	N	YL	YL	Y	Y	Y	N	N	N	Y	Y	Y	N
END STAGE RENAL DISEASE	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	YL	N
MR/DAY TREATMENT	N	N	N	N	N	N	N	N	N	N	N	N	YL	YL	N	N
DENTAL SERVICES	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
PHYS THERAPY & REL SERVICES																
PHYSICAL THERAPY	YL	N	N	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
OCCUPATIONAL THERAPY	YL	N	N	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
SPEECH DISORDERS	YL	N	N	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
HEARING DISORDERS	YL	N	N	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
LANGUAGE DISORDERS	YL	N	N	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
PRESCRIBED ITEMS																
PRESCRIBED DRUGS	YL	N	Y	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
DENTURES	N	N	YL	N	YL	YL	N	N	YL	N	N	N	YL	YL	YL	N
PROSTHETIC DEVICES	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1
EYEGLASSES	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	YL	N
OTHER PROFESSIONAL SERVICES																
DIAGNOSTIC SERVICES	YL	N	N	N	YL	YL	N	N	N	N	YL	YL	Y	Y	N	N
SCREENING SERVICES	Y	N	N	N	YL	YL	YL	YL	YL	N	YL	YL	Y	Y	N	N
PREVENTIVE SERVICES	YL	N	N	N	YL	YL	N	N	YL	N	YL	YL	YL	YL	N	N
REHABILITATIVE SERVICES	Y	N	YL	N	YL	YL	N	N	YL	N	YL	YL	YL	YL	N	N
IMD INPAT HOSP (65 OR OLDER)	N	N	YL	N	YL	YL	Y	Y	YL	N	YL	YL	YL	N	N	N
IMD NF (65 OR OLDER)	N	N	Y	N	YL	YL	Y	Y	YL	N	YL	YL	YL	N	N	N
ICF/MR	Y	N	Y	N	YL	YL	Y	Y	YL	N	YL	YL	YL	N	Y	N
INPAT PSYCH (UNDER 21)	YL	N	Y	N	YL	YL	Y	Y	YL	N	YL	YL	YL	N	N	N
+NURSE MIDWIFE	Y	N	Y	N	YL	YL	YL	YL	YL	N	Y	Y	YL	YL	YL	N
HOSPICE CARE	Y*	N*	Y	N	YL	YL	N	N	N	N	N	N	YL	N	Y	N
TARGETED CASE MGMT SERVICES																
TCM - UNDER 21	N	N	YL	N	N	N	N	N	N	N	YL	YL	N	N	N	N
TCM - CHRON MENTALLY ILL	N	N	N	N	YL	YL	N	N	YL	N	YL	YL	YL	YL	YL	N
TCM - PREGNANT WOMEN	YL	N	YL	N	YL	YL	N	N	N	N	N	N	N	N	YL	N
TCM - AIDS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - HIV POSITIVE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - DEVELOP DISABLED	N	N	YL	N	YL	YL	N	N	YL	N	YL	YL	N	N	YL	N
PRESUMPTIVE ELIGIBILITY																
AMBULATORY PRENATAL CARE	N	N	Y	Y	YL	YL	Y	Y	N	N	N	N	Y	Y	YL	N
RESPIRATORY CARE SERVICES	N	N	N	N	N	N	N	N	YL	N	N	N	YL	N	N	N
+CERT PED NURSE PRACTITIONER	Y	N	YL	N	YL	YL	Y	Y	YL	N	YL	YL	N	N	YL	N
+CERT FAM NURSE PRACTITIONER	Y	N	YL	N	YL	YL	Y	Y	YL	N	YL	YL	N	N	YL	N
OTHER CARE RECOG BY STATE LAW																
TRANSPORTATION SERVICES	YL	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	Y	N
CHRISTIAN SCI NURSES	N	N	N	N	N	N	N	N	N	N	N	N	YL	N	N	N
CHRISTIAN SCI SANITORIUMS	YL	N	N	N	N	N	N	N	N	N	N	N	YL	N	N	N
NF SERVICES (UNDER 21)	YL	N	Y	N	YL	YL	Y	Y	YL	N	YL	YL	YL	N	Y	N
EMERGENCY HOSP SERVICES	YL	N	N	N	YL	YL	Y	Y	Y	N	YL	YL	Y	YL	Y	N
PERSONAL CARE SERVICES	N	N	YL	N	YL	YL	YL	YL	YL	N	YL	YL	YL	YL	N	N
TRANSPLANT SERVICES	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N

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COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
+INPATIENT HOSPITAL	YL	YL	YL	YL	Y	Y	YL	N	YL	YL	YL	N	YL	YL	YL	YL
+OUTPATIENT HOSPITAL	YL	YL	YL	YL	Y	Y	YL	N	YL	YL	YL	N	YL	YL	YL	YL
+RURAL HEALTH CLINICS	YL	YL	YL	YL	Y	Y	YL	N	YL	YL	YL	N	Y	Y	YL	YL
+FEDERALLY QUAL HLTH CTRS	YL	YL	YL	YL	Y	N	YL	N	Y	Y	YL	N	Y	Y	YL	YL
+OTHER LAB AND X-RAYS	YL	YL	Y	Y	Y	Y	Y	N	YL	YL	YL	N	YL	YL	YL	YL
+NF (AGE 21 OR OLDER)	YL	YL	YL	YL	Y	Y	YL	N	YL	N	Y	N	Y	Y	YL	YL
+EPSDT	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y
+FAM PLANNING & SUPPLIES	Y	Y	Y	Y	Y	Y	YL	N	YL	YL	Y	N	Y	Y	YL	YL
+PHYSICIAN SERVICES	YL	YL	YL	YL	Y	Y	YL	N	YL	YL	YL	N	YL	YL	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL	YL	YL	N	N	Y	N	YL	YL	N	N	YL	YL	N	N
OTHER LICENSED PRACTITIONERS																
PODIATRISTS	YL	YL	YL	YL	Y	Y	YL	N	YL	YL	YL	N	YL	YL	YL	N
OPTOMETRISTS	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	YL	N	YL	YL	YL	YL
CHIROPRACTORS	YL	YL	YL	YL	Y	Y	YL	N	N	N	YL	N	YL	YL	N	N
PSYCHOLOGISTS	YL	YL	N	N	N	N	YL	N	YL	YL	N	N	N	N	N	N
MEDICAL SOCIAL WORKERS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
NURSE ANESTHETISTS	N	N	N	N	N	N	Y	N	YL	YL	N	N	N	N	N	N
HOME HEALTH SERVICES																
+HOME HEALTH NURSING	Y	Y	YL	YL	Y	Y	YL	N	YL	N	YL	N	YL	YL	YL	YL
+HOME HEALTH AIDE	Y	Y	YL	YL	Y	Y	Y	N	YL	N	YL	N	YL	YL	YL	YL
+MED SUPP/EQUIP/APPLIANCES	YL	YL	YL	YL	Y	Y	YL	N	YL	N	YL	N	YL	YL	YL	YL
PHYSICAL THERAPY	Y	Y	Y	Y	Y	Y	Y	N	N	N	YL	N	YL	YL	YL	YL
OCCUPATIONAL THERAPY	Y	Y	YL	YL	Y	Y	Y	N	N	N	YL	N	YL	YL	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	Y	Y	YL	YL	Y	Y	Y	N	N	N	YL	N	YL	YL	YL	YL
PRIVATE DUTY NURSING	Y	Y	YL	YL	Y	Y	Y	N	N	N	YL	N	N	N	N	N
CLINIC SERVICES																
MATERNAL&CHILD HLTH CLINIC	YL	YL	YL	YL	N	N	YL	N	N	N	N	N	YL	YL	N	N
MENTAL HEALTH CLINIC	Y	Y	YL	YL	N	N	Y	N	N	N	N	N	YL	YL	N	N
ALCOHOL & SUB ABUSE CLINIC	Y	Y	N	N	N	N	YL	N	N	N	N	N	YL	YL	N	N
BIRTHING CENTER	N	N	YL	YL	N	N	N	N	N	N	N	N	Y	Y	N	N
AMBULATORY SURGICAL CENTER	Y	Y	YL	YL	N	N	Y	N	YL	YL	N	N	YL	YL	N	N
END STAGE RENAL DISEASE	Y	Y	YL	YL	N	N	Y	N	YL	YL	N	N	YL	YL	N	N
MR/DAY TREATMENT	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DENTAL SERVICES	YL	YL	Y	Y	YL	YL	YL	N	YL	YL	YL	N	YL	YL	YL	YL
PHYS THERAPY & REL SERVICES																
PHYSICAL THERAPY	YL	YL	N	N	Y	Y	YL	N	N	N	YL	N	N	N	N	N
OCCUPATIONAL THERAPY	YL	YL	N	N	Y	Y	YL	N	N	N	YL	N	N	N	N	N
SPEECH DISORDERS	YL	YL	N	N	Y	Y	YL	N	N	N	YL	N	N	N	N	N
HEARING DISORDERS	YL	YL	N	N	Y	Y	YL	N	N	N	YL	N	N	N	N	N
LANGUAGE DISORDERS	YL	YL	N	N	Y	Y	YL	N	N	N	YL	N	N	N	N	N
PRESCRIBED ITEMS																
PRESCRIBED DRUGS	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	Y	Y	Y	N	YL	YL
DENTURES	YL	YL	YL	YL	YL	YL	YL	N	N	N	YL	YL	YL	YL	YL	YL
PROSTHETIC DEVICES	YL	YL	N	N	Y	Y	YL	N	YL	YL	YL	N	YL	YL	YL	YL

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COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
EYEGLASSES	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	YL	N	YL	N	YL	N
OTHER PROFESSIONAL SERVICES																
DIAGNOSTIC SERVICES	Y	Y	YL	YL	Y	Y	N	N	N	N	YL	N	N	N	N	N
SCREENING SERVICES	Y	Y	YL	YL	Y	Y	N	N	YL	N	N	N	N	N	N	N
PREVENTIVE SERVICES	Y	Y	YL	YL	Y	Y	N	N	N	N	YL	N	N	N	N	N
REHABILITATIVE SERVICES	Y	Y	YL*	YL	Y	Y	Y	N	YL	YL	YL	YL	YL	YL	YL	YL
IMD INPAT HOSP (65 OR OLDER)	Y	Y	Y	Y	Y	Y	N	N	YL	N	YL	N	YL	YL	YL	YL
IMD NF (65 OR OLDER)	N	N	YL	YL	N	N	Y	N	N	N	N	N	Y	Y	YL	YL
ICF/MR	Y	Y	YL	YL	Y	Y	Y	N	N	N	YL	N	Y	Y	YL	YL
INPAT PSYCH (UNDER 21)	Y	Y	YL	YL	Y	Y	N	N	YL	YL	YL	N	Y	Y	YL	YL
+NURSE MIDWIFE	Y	Y	YL	YL	Y	Y	YL	N	Y	Y	YL	N	YL	YL	YL	YL
HOSPICE CARE	YL	YL	YL	YL	Y	Y	Y	N	N	N	N	N	YL	YL	YL	YL
TARGETED CASE MGMT SERVICES																
TCM - UNDER 21	YL	YL	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - CHRON MENTALLY ILL	YL	YL	YL	YL	YL	YL	YL	N	YL	YL	N	N	Y	Y	Y	Y
TCM - PREGNANT WOMEN	Y	Y	YL	YL	N	N	YL	N	N	N	N	N	N	N	N	N
TCM - AIDS	YL	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
TCM - HIV POSITIVE	YL	YL	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y
TCM - DEVELOP DISABLED	Y	Y	YL	YL	N	N	YL	N	YL*	YL*	YL	YL	N	N	Y	Y
PRESUMPTIVE ELIGIBILITY																
AMBULATORY PRENATAL CARE	Y	Y	Y	Y	N	N	Y	N	YL	N	N	N	N	N	N	N
RESPIRATORY CARE SERVICES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
+CERT PED NURSE PRACTITIONER	Y	Y	YL	YL	N	N	Y	N	YL	YL	YL	N	YL	YL	YL	YL
+CERT FAM NURSE PRACTITIONER	Y	Y	YL	YL	N	N	Y	N	YL	YL	YL	N	YL	YL	YL	YL
OTHER CARE RECOG BY STATE LAW																
TRANSPORTATION SERVICES	YL	YL	YL	YL	Y	Y	YL	N	YL	YL	YL	YL	Y	Y	YL	YL
CHRISTIAN SCI NURSES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
CHRISTIAN SCI SANITORIUMS	N	N	N	N	N	N	YL	N	N	N	YL	N	N	N	N	N
NF SERVICES (UNDER 21)	YL	YL	YL	YL	Y	Y	YL	N	YL	N	Y	Y	Y	Y	YL	YL
EMERGENCY HOSP SERVICES	Y	Y	N	N	Y	Y	N	N	N	N	Y	N	Y*	Y*	N	N
PERSONAL CARE SERVICES	YL	YL	YL	YL	N	N	N	N	YL	YL	YL	N	N	N	YL	YL
TRANSPLANT SERVICES	Y*	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y

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COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
+INPATIENT HOSPITAL	YL	YL	YL	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
+OUTPATIENT HOSPITAL	Y	Y	YL	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	Y	Y
+RURAL HEALTH CLINICS	YL	YL	YL	N	Y	Y	YL	YL	Y	Y	YL	YL	Y	Y	Y	Y
+FEDERALLY QUAL HLTH CTRS	Y	Y	YL	N	Y	Y	Y	Y	Y	Y	YL	YL	Y*	Y*	Y	Y
+OTHER LAB AND X-RAYS	YL	YL	Y	N	YL	YL	Y	Y	Y	Y	Y	Y	Y	Y	YL	YL
+NF (AGE 21 OR OLDER)	YL	YL	Y	N	YL	YL	Y	Y	Y	Y	YL	YL	Y	Y	YL	YL
+EPSDT	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y	Y
+FAM PLANNING & SUPPLIES	YL	YL	YL	N	Y	Y	Y	Y	YL	YL	YL	YL	Y	Y	Y	Y
+PHYSICIAN SERVICES	YL	YL	YL	N	YL	YL	Y	Y	YL	YL	YL	YL	YL	YL	YL	YL
+MED/SURG SERV OF A DENTIST	YL	YL	YL	N	YL	YL	Y	Y	YL	YL	YL	YL	YL	YL	YL	YL
OTHER LICENSED PRACTITIONERS																
PODIATRISTS	Y	Y	YL	N	YL	YL	Y	Y	YL	YL	YL	YL	YL	YL	N	N
OPTOMETRISTS	YL	YL	YL	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
CHIROPRACTORS	N	N	YL	N	N	N	YL	YL	N	N	YL	YL	N	N	N	N
PSYCHOLOGISTS	YL	YL	N	N	N	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	N
MEDICAL SOCIAL WORKERS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
NURSE ANESTHETISTS	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N
HOME HEALTH SERVICES																
+HOME HEALTH NURSING	YL	YL	YL	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
+HOME HEALTH AIDE	Y	Y	YL	N	YL	YL	YL	YL	Y	Y	Y	Y	YL	YL	YL	YL
+MED SUPP/EQUIP/APPLIANCES	YL	YL	YL	N	YL	YL	Y	Y	YL	YL	YL	YL	YL	YL	YL	YL
PHYSICAL THERAPY	YL	YL	YL	N	Y	Y	N	N	YL	YL	YL	YL	YL	YL	YL	YL
OCCUPATIONAL THERAPY	YL	YL	YL	N	Y	Y	N	N	N	N	YL	YL	YL	YL	YL	YL
SPEECH PATHOLOGY/AUDIOLOGY	YL	YL	YL	N	YL	YL	N	N	YL	YL	YL	YL	YL	YL	YL	YL
PRIVATE DUTY NURSING	N	N	N	N	N	N	N	N	YL	YL	YL	YL	N	N	YL	YL
CLINIC SERVICES																
MATERNAL&CHILD HLTH CLINIC	Y	Y	Y	N	YL	YL	Y	Y	YL	YL	N	N	YL	YL	Y	Y
MENTAL HEALTH CLINIC	Y	Y	Y	N	YL	YL	N	N	YL	YL	Y	Y	YL	YL	N	N
ALCOHOL & SUB ABUSE CLINIC	N	N	N	N	YL	YL	N	N	YL	YL	N	N	N	N	N	N
BIRTHING CENTER	YL	YL	N	N	Y	Y	N	N	YL	YL	N	N	N	N	N	N
AMBULATORY SURGICAL CENTER	YL	YL	YL	N	Y	Y	N	N	YL	YL	N	N	Y	Y	N	N
END STAGE RENAL DISEASE	YL	YL	Y	N	YL	YL	N	N	Y	Y	N	N	Y	Y	N	N
MR/DAY TREATMENT	N	N	N	N	YL	YL	N	N	N	N	N	N	N	N	N	N
DENTAL SERVICES	YL	YL	YL	N	YL	YL	N	N	YL	YL	YL	YL	YL	YL	YL	YL
PHYS THERAPY & REL SERVICES																
PHYSICAL THERAPY	YL	YL	Y	N	N	N	Y	Y	YL	YL	YL	YL	YL	YL	YL	YL
OCCUPATIONAL THERAPY	YL	YL	N	N	N	N	N	N	N	N	YL	YL	YL	YL	YL	YL
SPEECH DISORDERS	YL	YL	Y	N	N	N	N	N	YL	YL	YL	YL	YL	YL	YL	N
HEARING DISORDERS	YL	YL	Y	N	N	N	N	N	YL	YL	YL	YL	YL	YL	YL	N
LANGUAGE DISORDERS	YL	YL	Y	N	N	N	N	N	YL	YL	YL	YL	YL	YL	N	N
PRESCRIBED ITEMS																
PRESCRIBED DRUGS	YL	YL	YL	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
DENTURES	N	N	YL	N	N	N	N	N	YL	YL	YL	YL	N	N	YL	YL
PROSTHETIC DEVICES	YL	YL	YL	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL

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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
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COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
EYEGLASSES	YL	YL	YL	N	N	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
OTHER PROFESSIONAL SERVICES																
DIAGNOSTIC SERVICES	N	N	N	N	N	N	YL	YL	YL	YL	YL	YL	N	N	YL	N
SCREENING SERVICES	N	N	N	N	N	N	N	N	Y	Y	YL	YL	N	N	N	N
PREVENTIVE SERVICES	N	N	N	N	N	N	N	N	YL	YL	YL	YL	N	N	YL	YL
REHABILITATIVE SERVICES	YL	YL	YL	N	N	N	YL	YL	YL	YL	YL	YL	Y	Y	YL	YL
IMD INPAT HOSP (65 OR OLDER)	YL	YL	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y
IMD NF (65 OR OLDER)	YL	YL	Y	N	Y	Y	N	N	Y	Y	YL	YL	Y	N	Y	Y
ICF/MR	YL	YL	Y	N	YL	YL	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
INPAT PSYCH (UNDER 21)	YL	YL	N	N	YL	YL	N	N	YL	YL	Y	Y	N	N	Y	Y
+NURSE MIDWIFE	YL	YL	Y	N	YL	YL	Y	Y	Y	Y	YL	YL	Y	Y	YL	YL
HOSPICE CARE	N	N	N	N	YL	YL	Y	Y	Y	Y	Y	Y	Y	Y	YL	N
TARGETED CASE MGMT SERVICES																
TCM - UNDER 21	YL	YL	YL	N	YL	YL	N	N	YL	YL	YL	YL	N	N	YL	YL
TCM - CHRON MENTALLY ILL	YL	YL	YL	N	YL	YL	Y	Y	YL	YL	Y	Y	Y	Y	N	N
TCM - PREGNANT WOMEN	YL	YL	YL	N	YL	YL	Y	Y	YL	YL	N	N	Y	Y	YL	YL
TCM - AIDS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	YL	YL
TCM - HIV POSITIVE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	YL	YL
TCM - DEVELOP DISABLED	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
PRESUMPTIVE ELIGIBILITY																
AMBULATORY PRENATAL CARE	N	N	N	N	YL	N	Y	Y	Y	Y	N	N	N	N	N	N
RESPIRATORY CARE SERVICES	N	N	N	N	YL	YL	Y	Y	N	N	YL	YL	N	N	Y	Y
+CERT PED NURSE PRACTITIONER	YL	YL	YL	N	N	N	YL	YL	YL	YL	YL	YL	YL	YL	YL	YL
+CERT FAM NURSE PRACTITIONER	YL	YL	YL	N	N	N	Y	Y	YL	YL	YL	YL	YL	YL	YL	YL
OTHER CARE RECOG BY STATE LAW																
TRANSPORTATION SERVICES	YL	YL	YL	N	YL	YL	YL	YL	Y	Y	YL	YL	Y	Y	YL	YL
CHRISTIAN SCI NURSES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
CHRISTIAN SCI SANITORIUMS	N	N	N	N	YL	YL	Y	Y	N	N	YL	YL	N	N	N	N
NF SERVICES (UNDER 21)	YL	YL	Y	N	YL	YL	Y	Y	Y	Y	YL	YL	Y	Y	YL	YL
EMERGENCY HOSP SERVICES	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	YL	YL	Y	Y	Y	Y
PERSONAL CARE SERVICES	N	N	YL	N	N	N	YL	YL	YL	YL	N	N	N	N	YL	N
TRANSPLANT SERVICES	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
Y = SERVICE PROVIDED, N = NOT PROVIDED, YL = PROVIDED WITH LIMITATIONS
\+ = MANDATORY SERVICE TO THE CATEGORICALLY NEEDY
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MEDICAID SERVICES FOR THE CATEGORICALLY AND MEDICALLY NEEDY POPULATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
+INPATIENT HOSPITAL	Y*	Y*	Y	Y	YL	N
+OUTPATIENT HOSPITAL	Y	Y	Y	YL	YL	N
+RURAL HEALTH CLINICS	Y	Y	Y	Y	Y	N
+FEDERALLY QUAL HLTH CTRS	Y	Y	Y	Y	Y	N
+OTHER LAB AND X-RAYS	Y	Y	Y	Y	Y	N
+NF (AGE 21 OR OLDER)	Y	Y	YL	Y	Y	N
+EPSDT	Y	Y	Y	Y	Y	N
+FAM PLANNING & SUPPLIES	Y	Y	YL	YL	YL	N
+PHYSICIAN SERVICES	Y	Y	YL	Y	YL	N
+MED/SURG SERV OF A DENTIST	YL	YL	YL	Y	Y	N
OTHER LICENSED PRACTITIONERS						
PODIATRISTS	Y	Y	Y	Y	N	N
OPTOMETRISTS	YL	YL	Y	Y	YL	N
CHIROPRACTORS	YL	YL	Y	Y	N	N
PSYCHOLOGISTS	YL	YL	Y	Y	N	N
MEDICAL SOCIAL WORKERS	N	N	Y	Y	N	N
NURSE ANESTHETISTS	Y	Y	N	N	Y	N
HOME HEALTH SERVICES						
+HOME HEALTH NURSING	Y	Y	YL	YL	Y	N
+HOME HEALTH AIDE	Y	Y	YL	YL	Y	N
+MED SUPP/EQUIP/APPLIANCES	YL	YL	Y	Y	Y	N
PHYSICAL THERAPY	Y	Y	YL	YL	Y	N
OCCUPATIONAL THERAPY	Y	Y	YL	YL	Y	N
SPEECH PATHOLOGY/AUDIOLOGY	Y	Y	YL	YL	YL	N
PRIVATE DUTY NURSING	YL	YL	YL	YL	N	N
CLINIC SERVICES						
MATERNAL&CHILD HLTH CLINIC	Y	Y	YL	YL	Y	N
MENTAL HEALTH CLINIC	Y	Y	YL	YL	Y	N
ALCOHOL & SUB ABUSE CLINIC	Y	Y	YL	YL	Y	N
BIRTHING CENTER	Y	Y	N	N	N	N
AMBULATORY SURGICAL CENTER	Y	Y	N	N	Y	N
END STAGE RENAL DISEASE	Y	Y	N	N	Y	N
MR/DAY TREATMENT	Y	Y	N	N	N	N
DENTAL SERVICES	Y*	Y*	Y	Y	YL	N
PHYS THERAPY & REL SERVICES						
PHYSICAL THERAPY	Y	Y	YL	YL	YL	N
OCCUPATIONAL THERAPY	N	N	YL	YL	N	N
SPEECH DISORDERS	Y	Y	Y	Y	N	N
HEARING DISORDERS	YL	YL	YL	YL	Y	N
LANGUAGE DISORDERS	YL	YL	YL	YL	N	N
PRESCRIBED ITEMS						
PRESCRIBED DRUGS	Y	Y	YL	YL	YL	N
DENTURES	YL	YL	YL	YL	N	N
PROSTHETIC DEVICES	Y	Y	YL	YL	YL	N

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COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
EYEGLASSES	YL	YL	YL	YL	YL	N
OTHER PROFESSIONAL SERVICES						
DIAGNOSTIC SERVICES	N	N	YL	YL	N	N
SCREENING SERVICES	N	N	YL	YL	N	N
PREVENTIVE SERVICES	N	N	YL	YL	N	N
REHABILITATIVE SERVICES	YL*	YL*	YL	YL	YL	N
IMD INPAT HOSP (65 OR OLDER)	Y*	N*	Y	Y	Y	N
IMD NF (65 OR OLDER)	N	N	YL	YL	N	N
ICF/MR	YL	YL	Y	Y	Y	N
INPAT PSYCH (UNDER 21)	Y	Y	Y	Y	N	N
+NURSE MIDWIFE	Y	Y	Y	Y	Y	N
HOSPICE CARE	N	N	Y	Y	N	N
TARGETED CASE MGMT SERVICES						
TCM - UNDER 21	N	N	N	N	N	N
TCM - CHRON MENTALLY ILL	Y	Y	N	N	N	N
TCM - PREGNANT WOMEN	Y	Y	N	N	N	N
TCM - AIDS	N	N	N	N	N	N
TCM - HIV POSITIVE	N	N	N	N	N	N
TCM - DEVELOP DISABLED	Y	Y	N	N	N	N
PRESUMPTIVE ELIGIBILITY						
AMBULATORY PRENATAL CARE	N	N	Y	N	N	N
RESPIRATORY CARE SERVICES	Y	Y	Y	Y	N	N
+CERT PED NURSE PRACTITIONER	N	N	Y	Y	Y	N
+CERT FAM NURSE PRACTITIONER	N	N	Y	Y	Y	N
OTHER CARE RECOG BY STATE LAW						
TRANSPORTATION SERVICES	YL	YL	YL	YL	YL	N
CHRISTIAN SCI NURSES	N	N	N	N	N	N
CHRISTIAN SCI SANITORIUMS	N	N	Y	Y	N	N
NF SERVICES (UNDER 21)	Y	Y	Y	Y	Y	N
EMERGENCY HOSP SERVICES	Y	Y	Y	Y	Y	N
PERSONAL CARE SERVICES	Y	Y	YL	YL	N	N
TRANSPLANT SERVICES	Y	Y	Y	Y	N	N

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INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	Y	N	Y	N	N	N	Y*	Y*	N	N	N	N	N	N	N	N
DAYS/YEAR	16	NA	NA	NA	NA	NA	20*	20*	NA	NA	NA	NA	NA	365	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	365	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	365	NA	NA
VARIABLE	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
OTHER	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N	N	N
PRE-OPER DAYS/WKND ADMISNS	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
POSSIBLE OUTPAT PROCEDURES	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	N	N	Y	Y	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	Y	N	Y	Y	Y	Y	N	N	N	N	N	N
ITEM	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	N	N	N	N	N	Y*	Y*	Y	Y	N	N	Y	Y	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	Y	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURES	N	N	Y	N	Y	N	Y*	Y*	N	N	N	N	Y	Y	Y	N
EXPERIMENTAL PROC/SURG	N	N	N	N	N	N	Y*	Y*	N	N	N	N	Y	Y	Y	N
COSMETIC SURG	N	N	N	N	N	N	Y	Y	N	N	N	N	Y	Y	Y	N
OTHER	N	N	Y	N	Y	N	Y	Y	N	N	N	N	Y	Y	N	N

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COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VARIABLE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRE-OPER DAYS/WKND ADMISNS	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
POSSIBLE OUTPAT PROCEDURES	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y
PRIOR AUTHORIZATION	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
PROCEDURE	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y
ITEM	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURES	N	N	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y
EXPERIMENTAL PROC/SURG	N	N	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y
COSMETIC SURG	N	N	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N

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COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	N	N
DAYS/YEAR	NA	NA	NA	NA	15	15	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	14	14	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	28	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VARIABLE	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
OTHER	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N
PRE-OPER DAYS/WKND ADMISNS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
POSSIBLE OUTPAT PROCEDURES	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Y
PRIOR AUTHORIZATION	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y	N	N
PROCEDURE	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y
ITEM	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
ANY OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
SPECIFIC PROCEDURE	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y
ELECTIVE PROCEDURE	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y
EXCLUSION OF ANY PROCEDURES	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
COSMETIC SURG	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y
OTHER	Y	Y	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N

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COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
DAYS/UNITS PER PERIOD	Y	N	Y	N	N	N	Y	Y	N	N	N	N	N	N	N	N
DAYS/YEAR	30	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VARIABLE	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
PRE-OPER DAYS/WKND ADMISNS	Y	N	Y	N	N	N	Y	Y	N	N	N	N	N	N	N	N
POSSIBLE OUTPAT PROCEDURES	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	Y	N	Y	N	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	N	N	Y	Y	N	N	Y	Y	N	N	Y	N
ITEM	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N
ANY OTHER	N	N	N	N	N	N	N	N	Y	N	Y	Y	N	N	N	N
SECOND OPINION	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SPECIFIC PROCEDURE	N	N	Y	N	N	N	N	N	N	N	N	N	N	Y	N	N
ELECTIVE PROCEDURE	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXCLUSION OF ANY PROCEDURES	N	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
EXPERIMENTAL PROC/SURG	N	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	N
COSMETIC SURG	N	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N	N	Y	N	N	N	Y	Y	N	N

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INPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
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COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	Y	Y	Y	N	Y	Y	N	N
DAYS/YEAR	NA	NA	NA	NA	NA	NA	NA	NA	20	20	NA	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	18	NA	NA	NA	NA	NA
VARIABLE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
PRE-OPER DAYS/WKND ADMISNS	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
POSSIBLE OUTPAT PROCEDURES	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
PROCEDURE	N	N	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y	Y	Y
ITEM	N	N	Y	Y	N	N	N	N	N	N	Y	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	Y	N	Y	Y	N	N
SPECIFIC PROCEDURE	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXCLUSION OF ANY PROCEDURES	N	N	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	N	N	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	Y	Y
COSMETIC SURG	N	N	N	N	N	N	Y	N	N	N	N	N	Y	Y	Y	Y
OTHER	N	N	N	N	N	N	Y	N	N	N	Y	N	Y	Y	N	N

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COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y
DAYS/YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	21	21	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA	30	30	NA	NA	NA	NA	NA	NA	NA	NA
VARIABLE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	Y	Y	Y	Y	N	N	N	N	Y	Y
PRE-OPER DAYS/WKND ADMISNS	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N
POSSIBLE OUTPAT PROCEDURES	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	N	Y	N	N	Y	Y	N	N	Y	Y	Y	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	N	N	N	N	N
ITEM	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	Y	Y	N	N	N	N	Y	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURE	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURE	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURES	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N
EXPERIMENTAL PROC/SURG	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N
COSMETIC SURG	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N
OTHER	Y	Y	Y	N	N	N	N	N	Y	Y	N	N	Y	Y	N	N

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COVERAGE AND LIMITATIONS	- WV -		- WI -		- WY -	
	CAT/MED		CAT/MED		CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y*	Y*	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y*	Y*	Y	Y	Y	N
SERVICE PROVIDED	Y*	Y*	Y	Y	Y	N
LIMITATIONS	N*	N*	N	N	Y	N
DAYS/UNITS PER PERIOD	Y*	Y*	N	Y	N	N
DAYS/YEAR	25*	15*	NA	NA	NA	NA
DAYS/ADMISSION	NA	NA	NA	NA	NA	NA
DAYS/SPELL OF ILLNESS	NA	NA	NA	NA	NA	NA
VARIABLE	N	N	N	N	N	N
OTHER	N	N	N	Y	N	N
PRE-OPER DAYS/WKND ADMISNS	N	N	N	N	N	N
POSSIBLE OUTPAT PROCEDURES	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	N	N
ITEM	N	N	Y	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N
ANY OTHER	Y	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
SPECIFIC PROCEDURE	N	N	Y	N	N	N
ELECTIVE PROCEDURE	N	N	Y	N	N	N
EXCLUSION OF ANY PROCEDURES	Y	Y	Y	N	Y	N
EXPERIMENTAL PROC/SURG	Y	Y	Y	N	Y	N
COSMETIC SURG	Y	Y	Y	N	Y	N
OTHER	N	N	Y	N	Y	N

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COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	N	N
DAYS PER PERIOD	Y	N	N	N	N	N	Y*	Y*	N	N	N	N	Y	Y	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	3	NA	NA	NA	NA	NA	12*	12*	NA	NA	NA	NA	NA	NA	NA	NA
PROCEDURES	Y	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
PSYCHIATRIC	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
STERILIZATIONS	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
EMERGENCY ROOM VISITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	Y	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	N	Y	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	N	N	Y	N	Y	N	N	N	N	N	Y	N	N	N	N	N
EXPERIMENTAL PROC/SURG	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COSMETIC SURG	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	Y	N	Y	N	N	N	N	N	Y	N	N	N	N	N

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COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y
DAYS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROCEDURES	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y
PSYCHIATRIC	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y
STERILIZATIONS	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y	Y
OTHER	Y	Y	N	N	Y	Y	N	N	Y	N	N	N	N	N	Y	Y
EMERGENCY ROOM VISITS	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA	6	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	Y	Y	N	Y	Y
DOLLAR THRESHOLD	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N
EXPERIMENTAL PROC/SURG	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N
COSMETIC SURG	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N

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COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
DAYS PER PERIOD	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	12	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROCEDURES	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
PSYCHIATRIC	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
STERILIZATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
EMERGENCY ROOM VISITS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	3	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
EXTENSION OF BENEFITS	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y
COSMETIC SURG	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y
OTHER	Y	Y	Y	Y	N	N	N	N	N	Y	N	N	Y	Y	N	N

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OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
LIMITATIONS	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
DAYS PER PERIOD	Y	N	Y	N	N	N	N	N	Y	N	Y	Y	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	2	NA	NA	NA	NA	NA	5	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	6	NA	NA	NA	NA	NA	NA	NA	NA	NA	12	12	NA	NA	NA	NA
PROCEDURES	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y	N
PSYCHIATRIC	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
STERILIZATIONS	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y	N
OTHER	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
EMERGENCY ROOM VISITS	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	Y	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	N	N	N	N	Y	N	N	N	N	N	Y	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N
SECOND OPINION	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	N	N	Y	N	Y	Y	N	N	Y	N	N	N	Y	Y	Y	N
EXPERIMENTAL PROC/SURG	N	N	Y	N	Y	Y	N	N	Y	N	N	N	N	N	Y	N
COSMETIC SURG	N	N	Y	N	N	N	N	N	Y	N	N	N	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N	N	Y	N	N	N	Y	Y	N	N

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OUTPATIENT HOSPITAL SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT	MED	CAT	MED	CAT	MED	CAT	MED 1	CAT	MED	CAT	MED	CAT	MED	CAT	MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y
DAYS PER PERIOD	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	4	4	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	24	24	NA	NA	NA	NA	NA	NA	NA	NA	12	12	NA	NA
PROCEDURES	N	N	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y	Y	Y
PSYCHIATRIC	N	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	Y	N	N
STERILIZATIONS	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y
EMERGENCY ROOM VISITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	N	N	Y	N	N	N	Y	N	N	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	Y	N	N	Y	N	N	N	Y	N	N	N	Y	Y
EXTENSION OF BENEFITS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	Y	N	N	N	Y	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXCLUSION OF ANY PROCEDURE(S)	N	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	N	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y
COSMETIC SURG	N	N	N	N	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y
OTHER	N	N	N	N	N	N	Y	N	Y	Y	N	N	Y	Y	N	N

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COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
DAYS PER PERIOD	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	30	30	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
PROCEDURES	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N
PSYCHIATRIC	N	N	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N
STERILIZATIONS	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N
EMERGENCY ROOM VISITS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
EXPERIMENTAL PROC/SURG	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N
COSMETIC SURG	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N
OTHER	N	N	Y	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N

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EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	N	Y	Y	N
DAYS PER PERIOD	N	N	Y	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA
PROCEDURES	N	N	N	N	Y	N
PSYCHIATRIC	N	N	Y	Y	Y	N
STERILIZATIONS	N	N	Y	Y	N	N
OTHER	N	N	N	N	Y	N
EMERGENCY ROOM VISITS	N	N	N	N	N	N
VISITS PER WEEK	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA
VISITS PER YEAR	NA	NA	NA	NA	NA	NA
HOUR OR DAY OF VISIT	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N
PROCEDURE	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	Y	Y	N	N
SPECIFIC PROCEDURES	N	N	Y	Y	N	N
ELECTIVE PROCEDURES	N	N	Y	Y	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	Y	Y	N
EXPERIMENTAL PROC/SURG	Y	Y	Y	Y	Y	N
COSMETIC SURG	Y	Y	Y	Y	Y	N
OTHER	N	N	N	N	Y	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	Y	N	Y	N	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	N
VISITS																
LMTS RGRDLESS SETTING/PROC	Y	N	N	N	N	N	Y*	Y*	N	N	N	N	Y	Y	N	N
NO. RGRDLESS SETTING/PROC	14	NA	NA	NA	NA	NA	12*	12*	NA	NA	NA	NA	NA	NA	NA	NA
LMTS BY SETTING PER PERIOD	Y	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
INPATIENT HOSPITAL																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOME																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

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COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
LMTS BY TYPE PROC PER YEAR	Y	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N
PSYCHIATRIC	1	NA	NA	NA	NA	NA	NA	NA	8	8	NA	NA	NA	NA	NA	NA
CONSULTATIONS	1	NA	NA	NA	NA	NA	2	2	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	N	N	N	N	N	N
VISIT THRESHOLD	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	Y*	Y*	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PSYCHIATRIC	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
CONSULTATIONS	N	N	N	N	Y	N	N*	N*	N	N	N	N	N	N	N	N
OTHER	Y	N	Y	N	N	N	Y*	Y*	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	Y	N
EXPERIMENTAL PROC/SURG	Y	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	N
COSMETIC SURG	Y	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N
ROUTINE PHYS EXAM	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y
VISITS																
LMTS RGRDLESS SETTING/PROC	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
NO. RGRDLESS SETTING/PROC	NA	NA	NA	NA	12	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LMTS BY SETTING PER PERIOD	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N
INPATIENT HOSPITAL																
DAY	NA	NA	NA	NA	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	1	1	NA	NA	2	2	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	12	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	365	365	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOME																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	365	365	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE																
DAY	NA	NA	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	365	365	12	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED 1	CAT	MED	CAT	MED 1	CAT	MED
LMTS BY TYPE PROC PER YEAR	N	N	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	NA	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y
VISIT THRESHOLD	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PSYCHIATRIC	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
CONSULTATIONS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	Y	N	N	N	N	N	N	N	N	N	N	Y	Y
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	Y
EXPERIMENTAL PROC/SURG	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	Y
COSMETIC SURG	N	N	Y	Y	Y	Y	N	N	Y	N	Y	N	N	N	N	N
ROUTINE PHYS EXAM	N	N	N	N	N	N	N	N	Y	N	Y	N	N	N	Y	Y
OTHER	Y	Y	N	N	Y	Y	N	N	Y	N	N	N	N	N	Y	Y

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
VISITS																
LMTS RGRDLESS SETTING/PROC	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
NO. RGRDLESS SETTING/PROC	NA	NA	NA	NA	12	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
LMTS BY SETTING PER PERIOD	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	N	N
INPATIENT HOSPITAL																
DAY	1	1	NA	NA	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOME																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	12	12	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
LMTS BY TYPE PROC PER YEAR	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y	Y	Y
PSYCHIATRIC	NA	NA	4	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	Y	Y	N	N	Y	N	N	N	N	N	Y	Y
VISIT THRESHOLD	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
PSYCHIATRIC	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
CONSULTATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	N	N	N	Y	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	N	Y	Y
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	Y	N	Y	Y	N	N	Y	Y
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
OTHER	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	Y	N	N	N	N	Y	N	N	N	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	Y	Y	N	N	N	N	N	N	Y	N	N	N	N	N	Y	Y
COSMETIC SURG	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
ROUTINE PHYS EXAM	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
OTHER	Y	Y	Y	Y	N	N	N	N	Y	N	N	N	Y	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
VISITS																
LMTS RGRDLESS SETTING/PROC	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
NO. RGRDLESS SETTING/PROC	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	18	18	NA	NA	NA	NA
LMTS BY SETTING PER PERIOD	Y	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
INPATIENT HOSPITAL																
DAY	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	36	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOME																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	5	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	5	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1
LMTS BY TYPE PROC PER YEAR	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
VISIT THRESHOLD	N	N	Y	N	N	N	N	N	Y	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	N	N	N	Y	Y	Y	N	N	N	N	N	N	N
PSYCHIATRIC	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
CONSULTATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N
SECOND OPINION	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SPECIFIC PROCEDURES	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N
ELECTIVE PROCEDURES	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	N	Y	N	Y	Y	Y	Y	Y	N	N	N	N	N	Y	N
EXPERIMENTAL PROC/SURG	Y	N	Y	N	Y	Y	Y	Y	Y	N	N	N	N	N	N	N
COSMETIC SURG	Y	N	Y	N	Y	Y	Y	Y	Y	N	N	N	N	N	Y	N
ROUTINE PHYS EXAM	Y	N	Y	N	N	N	N	N	Y	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY - CAT/MED		- NC - CAT/MED		- ND - CAT/MED		- OH - CAT/MED 1		- OK - CAT/MED		- OR - CAT/MED		- PA - CAT/MED		- RI - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y
VISITS																
LMTS RGRDLESS SETTING/PROC	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
NO. RGRDLESS SETTING/PROC	NA	NA	24	24	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA
LMTS BY SETTING PER PERIOD	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y	N	N
INPATIENT HOSPITAL																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA	1	1	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	20	20	NA	NA	NA	NA	NA	NA
NURSING FACILITY																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	2	2	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOME																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	14	14	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	14	14	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY - CAT/MED		- NC - CAT/MED		- ND - CAT/MED		- OH - CAT/MED 1		- OK - CAT/MED		- OR - CAT/MED		- PA - CAT/MED		- RI - CAT/MED	
LMTS BY TYPE PROC PER YEAR	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2	NA	NA
OTHER	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	N	N	Y	N	N	N	Y	N	N	N	N	Y
VISIT THRESHOLD	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	Y
EXTENSION OF BENEFITS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N	N	N
PSYCHIATRIC	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	Y
CONSULTATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SPECIFIC PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y	N	N
COSMETIC SURG	Y	Y	N	N	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y
ROUTINE PHYS EXAM	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
VISITS																
LMTS RGRDLESS SETTING/PROC	N	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
NO. RGRDLESS SETTING/PROC	12	12	NA	NA	NA	NA	NA	NA	1	1	NA	NA	NA	NA	NA	NA
LMTS BY SETTING PER PERIOD	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y	Y	Y
INPATIENT HOSPITAL																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	21	21	1	1
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	20	20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NURSING FACILITY																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	NA	NA	2	2
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HOME																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5	5	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OFFICE																
DAY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5	5	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YEAR	12	12	NA	NA	24	24	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
LMTS BY TYPE PROC PER YEAR	Y	Y	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	26	26	NA	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
PRIOR AUTHORIZATION	N	Y	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y	Y	Y
VISIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PSYCHIATRIC	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
CONSULTATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y
SECOND OPINION	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
SPECIFIC PROCEDURES	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
ELECTIVE PROCEDURES	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
EXPERIMENTAL PROC/SURG	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N
COSMETIC SURG	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
ROUTINE PHYS EXAM	N	N	N	N	Y	Y	Y	Y	N	N	N	N	Y	Y	Y	Y
OTHER	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV -		- WI -		- WY -	
	CAT/MED		CAT/MED		CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	Y	N	Y	N
VISITS						
LMTS RGRDLESS SETTING/PROC	N	N	N	Y	N	N
NO. RGRDLESS SETTING/PROC	NA	NA	NA	NA	NA	NA
LMTS BY SETTING PER PERIOD	N	N	N	N	N	N
INPATIENT HOSPITAL						
DAY	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA
NURSING FACILITY						
DAY	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA
EMERGENCY ROOM						
DAY	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA
HOME						
DAY	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA
OFFICE						
DAY	NA	NA	NA	NA	NA	NA
WEEK	NA	NA	NA	NA	NA	NA
MONTH	NA	NA	NA	NA	NA	NA
QUARTER	NA	NA	NA	NA	NA	NA
YEAR	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	Y	N	N

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PHYSICIAN SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
LMTS BY TYPE PROC PER YEAR	N	N	N	N	N	N
PSYCHIATRIC	NA	NA	NA	NA	NA	NA
CONSULTATIONS	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N
VISIT THRESHOLD	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N
PSYCHIATRIC	N	N	Y	Y	N	N
CONSULTATIONS	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N
SECOND OPINION	N	N	Y	Y	N	N
SPECIFIC PROCEDURES	N	N	Y	Y	N	N
ELECTIVE PROCEDURES	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N
EXCLUSION OF ANY PROCEDURE(S)	Y	N	Y	Y	Y	N
EXPERIMENTAL PROC/SURG	Y	N	Y	Y	Y	N
COSMETIC SURG	Y	N	N	N	Y	N
ROUTINE PHYS EXAM	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
TCM - UNDER 21																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
STATEWIDENESS	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	Y	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
TCM - CHRONICALLY MENTALLY ILL																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
LIMITATIONS	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
COMPARABILITY	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
TCM - PREGNANT WOMEN																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
LIMITATIONS	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
TCM - AIDS																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
TCM - HIV POSITIVE																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	Y	N	N	N	N	N	Y	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	Y	N	N
RESTRICTION OF PROVIDERS	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	Y	N	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC - CAT/MED		- FL - CAT/MED		- GA - CAT/MED		- HI - CAT/MED		- ID - CAT/MED 1		- IL - CAT/MED		- IN - CAT/MED 1		- IA - CAT/MED	
TCM - UNDER 21																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
TCM - CHRONICALLY MENTALLY ILL																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	Y	Y	Y	Y	N	Y*	Y*	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	Y	Y	Y	Y	N	Y*	Y*	N	N	N	N
SERVICE PROVIDED	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y*	Y*	N	N	N	N
LIMITATIONS	N	N	Y	Y	Y	Y	Y	Y	Y	N	N*	N*	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N*	N*	N	N	N	N
STATEWIDENESS	N	N	N	N	Y	Y	N	N	N	N	N*	N*	N	N	N	N
COMPARABILITY	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y*	Y*	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	Y	Y	N	N	Y	Y	Y	N	Y*	Y*	N	N	N	N
TCM - PREGNANT WOMEN																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y
SERVICE PROVIDED	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y
LIMITATIONS	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
COMPARABILITY	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	Y	Y
TCM - AIDS																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
TCM - HIV POSITIVE																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
TCM - DEVELOPMENTALLY DISABLED																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
TCM - UNDER 21																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	N	N	N	N
LIMITATIONS	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	Y	N	N	Y	Y	N	N	N	N	N	N
STATEWIDENESS	Y	Y	N	N	N	Y	N	N	Y	Y	N	N	N	N	N	N
COMPARABILITY	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N
TCM - CHRONICALLY MENTALLY ILL																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y*	Y*	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y*	Y*	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N
SERVICE PROVIDED	Y	Y	Y*	Y*	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N
LIMITATIONS	N	N	N*	N*	N	N	Y	Y	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N*	N*	Y	Y	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N*	N*	Y	Y	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	Y*	Y*	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y
RESTRICTION OF PROVIDERS	N	N	Y*	Y*	Y	Y	N	N	N	N	N	N	Y	N	Y	Y
TCM - PREGNANT WOMEN																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N
SERVICE PROVIDED	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N
LIMITATIONS	N	N	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
COMPARABILITY	N	N	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N	N	N
TCM - AIDS																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	Y	N	N	Y	Y	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
TCM - HIV POSITIVE																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
SERVICE PROVIDED	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N
RESTRICTION OF PROVIDERS	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
TCM - UNDER 21																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N
SERVICE PROVIDED	N	N	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N
LIMITATIONS	N	N	Y	N	N	N	N	N	N	N	Y	Y	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
TCM - CHRONICALLY MENTALLY ILL																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	Y	N	N	Y	N	Y	Y	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	Y	N	N	Y	N	Y	Y	Y	Y	N	N
SERVICE PROVIDED	N	N	N	N	Y	Y	N	N	Y	N	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	N	N	Y	Y	N	N	Y	N	Y	Y	Y	Y	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	Y	Y	N	N	Y	N	Y	N	N	N	N	N
COMPARABILITY	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	N
RESTRICTION OF PROVIDERS	N	N	N	N	Y	Y	N	N	Y	N	Y	Y	Y	Y	N	N
TCM - PREGNANT WOMEN																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	Y	N
LIMITATIONS	Y	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	Y	N
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	Y	N
COMPARABILITY	Y	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
TCM - AIDS																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED	1	- MO - CAT/MED	1	- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED	1	- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED	1
TCM - HIV POSITIVE																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	N	N
SERVICE PROVIDED	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N
LIMITATIONS	N	N	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	Y	N	N	N	N	N	Y	N	N	N	N	N	Y	N
COMPARABILITY	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	Y	N	N	N	N	N	Y	N	Y	Y	N	N	N	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
TCM - UNDER 21																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	Y	Y	N	Y	N	N	N	N	N	N	N	N	N	N	N	N
TCM - CHRONICALLY MENTALLY ILL																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	Y	Y	N	N	Y	N	Y	Y	N	N	N	N	Y	Y
TCM - PREGNANT WOMEN																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N
TCM - AIDS																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
LIMITATIONS	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
TCM - HIV POSITIVE																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
COMPARABILITY	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
TCM - DEVELOPMENTALLY DISABLED																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	Y	N	N*	N*	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	Y	N	N*	N*	N	N	N	N	N	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	Y	N	Y*	Y*	Y	Y	N	N	Y	Y
LIMITATIONS	N	N	Y	Y	N	N	Y	N	Y*	Y*	Y	Y	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	Y*	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N*	N	N	N	N	N	N	N
COMPARABILITY	N	N	Y	Y	N	N	Y	N	Y*	N	Y	Y	N	N	Y	Y
RESTRICTION OF PROVIDERS	N	N	Y	Y	N	N	Y	N	N*	N	Y	Y	N	N	Y	Y

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
TCM - UNDER 21																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y
LIMITATIONS	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y
TCM - CHRONICALLY MENTALLY ILL																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
LIMITATIONS	Y	Y	Y	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	Y	N	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
RESTRICTION OF PROVIDERS	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N
TCM - PREGNANT WOMEN																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	N	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
STATEWIDENESS	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	Y	N	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y
TCM - AIDS																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y

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EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
TCM - HIV POSITIVE																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
TCM - DEVELOPMENTALLY DISABLED																
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
RESTRICTION OF PROVIDERS	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N

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COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
TCM - UNDER 21						
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	Y	N	N
STATEWIDENESS	N	N	Y	Y	N	N
COMPARABILITY	N	N	Y	Y	N	N
TCM - CHRONICALLY MENTALLY ILL						
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	Y	N	N
STATEWIDENESS	N	N	Y	Y	N	N
COMPARABILITY	N	N	Y	Y	N	N
RESTRICTION OF PROVIDERS	N	N	Y	Y	N	N
TCM - PREGNANT WOMEN						
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N
TCM - AIDS						
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N

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TARGETED CASE MANAGEMENT (TCM) SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
TCM - HIV POSITIVE						
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
STATEWIDENESS	N	N	N	N	N	N
COMPARABILITY	N	N	N	N	N	N
TCM - DEVELOPMENTALLY DISABLED						
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	Y	N	N
STATEWIDENESS	N	N	Y	Y	N	N
COMPARABILITY	N	N	Y	Y	N	N
RESTRICTION OF PROVIDERS	N	N	Y	Y	N	N

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COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N
EXCLUDE ANY/ALL OTC DRUGS	Y	N	N	N	Y	N	Y*	Y*	N	N	Y	N	Y	Y	Y	N
LIMITS ON OTC DRUGS	N	N	Y	N	N	N	Y*	Y*	N	N	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	Y	N	Y	N	Y	N	Y*	Y*	Y	Y	Y	N	Y	Y	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTC DRUGS	Y	N	Y	N	N	N	N	N	N	N	Y	N	N	N	N	N
LEGEND DRUGS	Y	N	N	N	Y	N	N	N	Y	Y	Y	N	N	N	N	N
DOLLAR THRESHOLD/RX	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
QUANTITY THRESHOLD/RX	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
REFILL THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	N	N	Y	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	12	12	NA	NA
DAYS SUPPLY ON HAND	NA	NA	30	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	30	30	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	NA	NA	NA	NA	NA	NA	4*	4*	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N

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PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y*	Y*	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y*	Y*	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	Y*	Y*	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N	Y	Y
LIMITATIONS	Y	Y	Y*	Y*	Y*	Y*	Y	Y	Y	N	Y	Y	N	N	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	Y	Y	Y*	Y*	Y*	Y*	N	N	Y	N	Y	Y	Y	N	Y	Y
LIMITS ON OTC DRUGS	Y	Y	Y*	Y*	Y*	Y*	N	N	Y	N	Y	Y	Y	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y*	Y*	Y*	Y*	Y	Y	Y	N	Y	Y	Y	N	Y	Y
OUT-OF-STATE PROVIDER	N	N	N*	N*	N*	N*	N	N	N	N	N	N	Y	N	N	N
OTC DRUGS	Y	Y	N*	N*	N*	N*	N	N	N	N	Y	Y	N	N	N	N
LEGEND DRUGS	N	N	N*	N*	Y*	Y*	N	N	Y	N	N	N	Y	N	N	N
DOLLAR THRESHOLD/RX	N	N	N*	N*	N*	N*	N	N	N	N	N	N	Y	N	N	N
QUANTITY THRESHOLD/RX	N	N	N*	N*	Y*	Y*	N	N	N	N	N	N	N	N	N	N
REFILL THRESHOLD	N	N	Y*	N*	Y*	Y*	N	N	N	N	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	N	N	Y	Y	Y*	Y*	N	N	Y	N	Y	Y	N	N	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	6	6	NA*	6*	NA	NA	NA	NA	1	1	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	11	11	NA	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	31	31	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	6	6	NA	6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	NA	NA	6*	6*	5*	5*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N

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PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	N	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITS ON OTC DRUGS	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y
PRIOR AUTHORIZATION	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
OTC DRUGS	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	N	N
LEGEND DRUGS	N	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Y	N	N
DOLLAR THRESHOLD/RX	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
QUANTITY THRESHOLD/RX	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	Y	Y
REFILL THRESHOLD	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N	Y	Y
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N	N	N

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PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
LIMITATIONS	Y	N	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
EXCLUDE ANY/ALL OTC DRUGS	Y	N	N	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N
LIMITS ON OTC DRUGS	Y	N	N	N	N	N	Y	Y	N	N	Y	Y	N	N	Y	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	Y	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	Y	Y	Y	N	N	N	N	N	N	N
OTC DRUGS	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	Y	N
LEGEND DRUGS	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD/RX	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
QUANTITY THRESHOLD/RX	N	N	N	N	N	N	N	N	Y	N	N	N	Y	Y	N	N
REFILL THRESHOLD	N	N	N	N	N	N	N	N	Y	N	Y	Y	Y	Y	N	N
LIMITS ON QUANTITY/FREQUENCY	Y	N	N	N	N	N	N	N	Y	N	Y	Y	Y	Y	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4	4	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	34	NA	NA	NA	60	60	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	5	NA	NA	NA	NA	NA	NA	NA	5	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	N	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	N	N	N
LIMITS ON OTC DRUGS	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	Y	Y	N	Y	Y
PRIOR AUTHORIZATION	Y	Y	N	Y	N	N	Y	N	N	N	Y	Y	N	N	Y	Y
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTC DRUGS	N	N	N	Y	N	N	Y	N	N	N	N	Y	Y	N	Y	Y
LEGEND DRUGS	N	N	N	Y	N	N	Y	N	N	N	Y	Y	Y	N	Y	Y
DOLLAR THRESHOLD/RX	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	Y	Y
QUANTITY THRESHOLD/RX	N	N	N	Y	N	N	N	N	N	N	N	N	Y	N	Y	Y
REFILL THRESHOLD	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	Y	N	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	6	6	NA	NA	NA	NA	3	3	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	34	34	NA	NA	34	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	100	100	NA	NA	100	NA	NA	NA
NUMBER RX'S/MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	Y	Y	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N

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PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
EXCLUDE ANY/ALL OTC DRUGS	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
LIMITS ON OTC DRUGS	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N
PRIOR AUTHORIZATION	Y	N	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y	Y	Y
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTC DRUGS	Y	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N
LEGEND DRUGS	Y	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Y
DOLLAR THRESHOLD/RX	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
QUANTITY THRESHOLD/RX	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
REFILL THRESHOLD	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	3	3	NA	NA	7	7	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	5	NA	NA	NA	NA	NA	NA	NA	NA	NA
DAYS SUPPLY ON HAND	100	100	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WK	NA	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	3	NA	NA	NA	7	7	NA	3	NA	NA	NA	NA	NA	NA	NA	NA
OTHER	N	N	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N

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PRESCRIBED DRUGS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV -		- WI -		- WY -	
	CAT/MED		CAT/MED		CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	Y	Y	Y	N
EXCLUDE ANY/ALL OTC DRUGS	Y*	Y*	Y	Y	Y	N
LIMITS ON OTC DRUGS	Y*	Y*	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N
OTC DRUGS	N	N	N	N	N	N
LEGEND DRUGS	N	N	N	N	N	N
DOLLAR THRESHOLD/RX	N	N	N	N	N	N
QUANTITY THRESHOLD/RX	N	N	Y	Y	N	N
REFILL THRESHOLD	N	N	N	N	N	N
LIMITS ON QUANTITY/FREQUENCY	Y	Y	Y	Y	N	N
REFILLS PER DY	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA
MO	1	1	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA
DAYS SUPPLY ON HAND	NA	NA	NA	NA	NA	NA
MAX UNITS DISPENSED PER DY	NA	NA	NA	NA	NA	NA
WK	NA	NA	NA	NA	NA	NA
MO	NA	NA	NA	NA	NA	NA
YR	NA	NA	NA	NA	NA	NA
NUMBER UNITS ON HAND	NA	NA	NA	NA	NA	NA
NUMBER RX'S/MONTH	1	1	NA	NA	NA	NA
OTHER	N	N	N	N	N	N

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
SERVICED PROVIDED	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	Y	N	Y	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	N
PRIOR AUTHORIZATION	Y	N	Y	N	Y	N	N	N	Y	Y	Y	N	N	N	Y	N
OUT-OF-STATE PROVIDERS	Y	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
ATTENDANT CARE	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	Y	N	Y	N	N	N	N	N	Y	N	N	N	Y	N
LIMITS ON MODES OF TRANSPORT	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
BY AMBULANCE	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
OUT-OF-STATE TRIPS	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
BY WHEELCHAIR VAN	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
BY LIVERY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BY AIR	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N
BY PUBLIC TRANSPORTATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	N	N	Y	Y

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED 1	CAT	MED	CAT	MED 1	CAT	MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
SERVICED PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
LIMITATIONS	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
PRIOR AUTHORIZATION	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	N
OUT-OF-STATE PROVIDERS	N	N	N	N	Y	Y	N	N	N	N	Y	Y	Y	N	N	N
ATTENDANT CARE	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	N
LIMITS ON MODES OF TRANSPORT	N	N	N	N	Y	Y	Y	Y	N	N	N	N	Y	N	Y	N
BY AMBULANCE	N	N	Y	Y	Y	Y	N	N	N	N	N	N	Y	N	Y	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	Y	Y	Y	Y	N	N	N	N	N	N	Y	N	N	N
BY WHEELCHAIR VAN	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
BY LIVERY	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
BY AIR	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
BY PUBLIC TRANSPORTATION	N	N	N	N	Y	Y	Y	Y	N	N	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	Y	Y	N	N	N	N	Y	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICED PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDERS	Y	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
ATTENDANT CARE	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OTHER	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
LIMITS ON MODES OF TRANSPORT	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	N	N	N
BY AMBULANCE	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	10	10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	N
BY WHEELCHAIR VAN	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	10	10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N	N	N
BY AMBULETTE	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	10	10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
BY LIVERY	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
BY AIR	N	N	Y	Y	N	N	N	N	N	Y	N	N	Y	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
BY PUBLIC TRANSPORTATION	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	10	10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	N	N	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y	Y	Y

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
SERVICED PROVIDED	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N
LIMITATIONS	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	N
PRIOR AUTHORIZATION	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	N
OUT-OF-STATE PROVIDERS	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N	N	N
ATTENDANT CARE	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N
LIMITS ON MODES OF TRANSPORT	N	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	N
BY AMBULANCE	Y	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	Y	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N
BY WHEELCHAIR VAN	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
BY AMBULETTE	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED	1	- MO - CAT/MED	1	- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED	1	- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED	1
BY LIVERY	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
BY AIR	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
BY PUBLIC TRANSPORTATION	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	Y	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N
SERVICED PROVIDED	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	Y	N	N	Y	Y
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	Y	Y	Y	Y	N	N	Y	Y
OUT-OF-STATE PROVIDERS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ATTENDANT CARE	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
LIMITS ON MODES OF TRANSPORT	Y	Y	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y
BY AMBULANCE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
BY WHEELCHAIR VAN	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BY AMBULETTE	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY - CAT/MED		- NC - CAT/MED		- ND - CAT/MED		- OH - CAT/MED 1		- OK - CAT/MED		- OR - CAT/MED		- PA - CAT/MED		- RI - CAT/MED	
BY LIVERY	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BY AIR	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BY PUBLIC TRANSPORTATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICED PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
OUT-OF-STATE PROVIDERS	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
ATTENDANT CARE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y
LIMITS ON MODES OF TRANSPORT	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N
BY AMBULANCE	Y	Y	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
OTHER	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
BY WHEELCHAIR VAN	N	N	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	Y	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N
BY AMBULETTE	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N

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COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
BY LIVERY	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
BY AIR	N	N	N	N	Y	Y	N	N	N	N	Y	Y	Y	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N
OUT-OF-STATE TRIPS	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N
OTHER	N	N	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	N
BY PUBLIC TRANSPORTATION	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE TRIPS	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
OTHER	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y

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TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	N
SERVICED PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	Y	Y	Y	Y	Y	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	Y	N
OUT-OF-STATE PROVIDERS	N	N	Y	Y	N	N
ATTENDANT CARE	N	N	N	N	N	N
OTHER	Y	Y	N	N	Y	N
LIMITS ON MODES OF TRANSPORT	N	N	Y	Y	Y	N
BY AMBULANCE	N	N	Y	Y	Y	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	Y	Y	N
OUT-OF-STATE TRIPS	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N
BY WHEELCHAIR VAN	N	N	N	N	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	Y	N	N
OUT-OF-STATE TRIPS	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N
BY AMBULETTE	N	N	Y	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	Y	N	N
OUT-OF-STATE TRIPS	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TRANSPORTATION SERVICES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
BY LIVERY	N	N	Y	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	Y	N	N
OUT-OF-STATE TRIPS	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N
BY AIR	N	N	Y	Y	Y	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	Y	Y	N
OUT-OF-STATE TRIPS	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N
BY PUBLIC TRANSPORTATION	N	N	Y	Y	N	N
TRIPS PER RECIPIENT	NA	NA	NA	NA	NA	NA
VISITS PER MONTH	NA	NA	NA	NA	NA	NA
WAITING TIME	N	N	N	N	N	N
MILES	NA	NA	NA	NA	NA	NA
EMERGENCY TRIPS	N	N	Y	Y	N	N
OUT-OF-STATE TRIPS	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N
LIMITS ON OTHER MODES OF TRANSPORTATION	N	N	N	N	N	N
TRANSPORTATION PROVIDED AS AN ADMIN COST	N	N	Y	Y	Y	Y

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TABLE 3-8.

HCFA STATE PROFILE DATA SYSTEM
COVERAGE OF TRANSPLANT SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	GROUP	BONE MARROW	CORNEA	HEART	LIVER	LUNG	PANCREAS	KIDNEY
ALABAMA	CAT	Y	Y	Y	Y	N	N	Y
	MED 1	N	N	N	N	N	N	N
ALASKA	CAT	Y	Y	N	Y	N	N	Y
	MED 1	N	N	N	N	N	N	N
ARIZONA	CAT	Y	Y	Y	Y	N	N	Y
	MED 1	N	N	N	N	N	N	N
ARKANSAS	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y
CALIFORNIA	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
COLORADO	CAT	N	N	N	N	N	N	N
	MED 1	N	N	N	N	N	N	N
CONNECTICUT	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y
DELAWARE	CAT	Y	Y	Y	Y	Y	Y	Y
	MED 1	N	N	N	N	N	N	N
DIST OF COL	CAT	Y	N	Y	Y	N	N	Y
	MED	Y	N	Y	Y	N	N	Y
FLORIDA	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
GEORGIA	CAT	N	N	N	Y	N	N	Y
	MED	N	N	N	Y	N	N	Y
HAWAII	CAT	Y	Y	N	N	N	N	Y
	MED	Y	Y	N	N	N	N	Y
IDAHO	CAT	Y	Y	Y	Y	N	N	Y
	MED 1	N	N	N	N	N	N	N
ILLINOIS	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y
INDIANA	CAT	Y	Y	Y	Y	Y	Y	Y
	MED 1	N	N	N	N	N	N	N
IOWA	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
KANSAS	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y

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EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	GROUP	BONE MARROW	CORNEA	HEART	LIVER	LUNG	PANCREAS	KIDNEY
KENTUCKY	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y
LOUISIANA	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y
MAINE	CAT	Y	Y	Y	Y	Y	N	Y
	MED	Y	Y	Y	Y	Y	N	Y
MARYLAND	CAT	Y	Y	Y	Y	Y	N	Y
	MED	Y	Y	Y	Y	Y	N	Y
MASSACHUSETTS	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y
MICHIGAN	CAT	Y	N	Y	Y	Y	Y	N
	MED	Y	N	Y	Y	Y	Y	N
MINNESOTA	CAT	N	N	N	N	N	N	N
	MED	N	N	N	N	N	N	N
MISSISSIPPI	CAT	Y	Y	Y	Y	Y	Y	Y
	MED 1	N	N	N	N	N	N	N
MISSOURI	CAT	Y	Y	Y	Y	N	N	Y
	MED 1	N	N	N	N	N	N	N
MONTANA	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
NEBRASKA	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y
NEVADA	CAT	Y	Y	N	Y	N	N	Y
	MED 1	N	N	N	N	N	N	N
NEW HAMPSHIRE	CAT	Y	Y	N	Y	N	N	Y
	MED	Y	Y	N	Y	N	N	Y
NEW JERSEY	CAT	Y	Y	Y	Y	Y	N	Y
	MED	N	N	N	N	N	N	N
NEW MEXICO	CAT	Y	Y	Y	Y	Y	N	Y
	MED 1	N	N	N	N	N	N	N
NEW YORK	CAT	Y	Y	Y	Y	Y	N	Y
	MED	Y	Y	Y	Y	Y	N	Y
NORTH CAROLINA	CAT	Y	Y	Y	Y	Y	N	Y
	MED	Y	Y	Y	Y	Y	N	Y

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

COVERAGE OF TRANSPLANT SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	GROUP	BONE MARROW	CORNEA	HEART	LIVER	LUNG	PANCREAS	KIDNEY
NORTH DAKOTA	CAT	Y	N	Y	Y	N	N	Y
	MED	Y	N	Y	Y	N	N	Y
OHIO	CAT	Y	Y	Y	Y	Y	Y	Y
	MED 1	N	N	N	N	N	N	N
OKLAHOMA	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
OREGON	CAT	Y	Y	Y	Y	Y	N	Y
	MED	N	N	N	N	N	N	N
PENNSYLVANIA	CAT	Y	Y	N	N	Y	Y	Y
	MED	Y	Y	N	N	Y	Y	Y
RHODE ISLAND	CAT	Y	Y	Y	Y	Y	N	Y
	MED	Y	Y	Y	Y	Y	N	Y
SOUTH CAROLINA	CAT	Y	Y	Y	Y	N	Y	Y
	MED	Y	Y	Y	Y	N	Y	Y
SOUTH DAKOTA	CAT	Y	Y	Y	Y	N	N	Y
	MED 1	N	N	N	N	N	N	N
TENNESSEE	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
TEXAS	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
UTAH	CAT	Y	Y	N	Y	N	N	Y
	MED	Y	Y	N	Y	N	N	Y
VERMONT	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
VIRGINIA	CAT	N	Y	N	N	N	N	Y
	MED	N	Y	N	N	N	N	Y
WASHINGTON	CAT	Y	Y	Y	Y	Y	Y	Y
	MED	Y	Y	Y	Y	Y	Y	Y
WEST VIRGINIA	CAT	Y	Y	Y	Y	N	N	Y
	MED	Y	Y	Y	Y	N	N	Y
WISCONSIN	CAT	Y	Y	Y	Y	Y	Y	N
	MED	Y	Y	Y	Y	Y	Y	N
WYOMING	CAT	N	N	N	N	N	N	N
	MED 1	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

PROFILE OF THE EPSDT PROGRAM

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	N	N	N	Y	Y	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	N	N	N	Y	Y	N	Y	N
PROVIDED BY CONTINUING CARE PROVIDERS	N	N	Y	N	Y	Y	N	N
COVERAGE OF MEDICALLY NEEDY	N	N	N	Y	Y	N	Y	N
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	N	N	N	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	Y	Y
KIDNEY	Y	Y	Y	Y	Y	N	Y	Y
LIVER	Y	Y	Y	Y	Y	N	Y	Y
BONE MARROW	Y	Y	Y	Y	Y	N	Y	Y
OTHER	Y	Y	Y	Y	Y	N	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

COVERAGE AND LIMITATIONS	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	Y	N	Y	N	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	Y	N	Y	N	Y
PROVIDED BY CONTINUING CARE PROVIDERS	N	Y	N	Y	N	N	N	Y
COVERAGE OF MEDICALLY NEEDY	Y	Y	Y	Y	N	Y	N	Y
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N	N	N	N	N	Y
EXCLSN OF ANY PROCEDURES	N	N	N	N	N	N	N	Y
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	Y	Y
KIDNEY	Y	Y	Y	Y	Y	Y	Y	Y
LIVER	Y	Y	Y	Y	Y	Y	Y	Y
BONE MARROW	Y	Y	Y	Y	Y	Y	Y	Y
OTHER	Y	N	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

PROFILE OF THE EPSDT PROGRAM

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED BY CONTINUING CARE PROVIDERS	N	N	Y	N	Y	Y	N	Y
COVERAGE OF MEDICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	Y	N	N	N	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	Y	Y
KIDNEY	Y	Y	Y	Y	Y	Y	N	Y
LIVER	Y	Y	Y	Y	Y	Y	Y	Y
BONE MARROW	Y	Y	Y	Y	Y	Y	Y	Y
OTHER	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

COVERAGE AND LIMITATIONS	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	N	N	Y	Y	N	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y	Y
FOR MEDICALLY NEEDY	N	N	Y	Y	N	Y	N	N
PROVIDED BY CONTINUING CARE PROVIDERS	Y	N	N	N	N	Y	Y	N
COVERAGE OF MEDICALLY NEEDY	N	N	Y	Y	N	Y	N	N
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	Y	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	Y	N	N	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	Y	Y
KIDNEY	Y	Y	Y	Y	Y	Y	Y	Y
LIVER	Y	Y	Y	Y	Y	Y	Y	Y
BONE MARROW	Y	Y	Y	Y	Y	Y	Y	Y
OTHER	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

COVERAGE AND LIMITATIONS	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	N	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	N	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	N	N	Y	Y
FOR MEDICALLY NEEDY	Y	Y	Y	N	N	N	Y	Y
PROVIDED BY CONTINUING CARE PROVIDERS	Y	N	N	Y	N	Y	Y	N
COVERAGE OF MEDICALLY NEEDY	Y	Y	Y	N	Y	N	Y	Y
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N	N	N	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	N	N	N	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	Y	Y	Y	Y	Y	Y
KIDNEY	Y	Y	Y	Y	Y	Y	Y	Y
LIVER	Y	Y	Y	Y	Y	Y	Y	Y
BONE MARROW	Y	Y	Y	Y	Y	Y	Y	Y
OTHER	Y	Y	Y	Y	Y	Y	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

COVERAGE AND LIMITATIONS	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y*	Y
FOR MEDICALLY NEEDY	Y	N	Y	Y	Y	Y	Y*	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY								
FOR CATEGORICALLY NEEDY	Y	Y	Y	Y	Y	Y	Y*	Y
FOR MEDICALLY NEEDY	Y	N	Y	Y	Y	Y	Y*	Y
PROVIDED BY CONTINUING CARE PROVIDERS	N	N	Y	N	Y	N	Y*	Y
COVERAGE OF MEDICALLY NEEDY	Y	N	Y	Y	Y	Y	Y*	Y
EXCLSN OF ANY EQUIP/SUPPLIES	N	Y	N	N	N	N	N*	N
EXCLSN OF ANY PROCEDURES	N	N	N	N	N	N	N*	N
MED. NEC. TRANSPLANTS COVERED	N	Y	Y	Y	Y	Y	Y*	Y
KIDNEY	N	Y	Y	Y	Y	Y	Y*	Y
LIVER	N	Y	Y	Y	Y	Y	N*	Y
BONE MARROW	N	Y	Y	Y	Y	Y	N*	Y
OTHER	N	Y	Y	Y	Y	Y	Y*	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

PROFILE OF THE EPSDT PROGRAM

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV -	- WI -	- WY -
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE			
FOR CATEGORICALLY NEEDY	Y	Y	Y
FOR MEDICALLY NEEDY	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY			
FOR CATEGORICALLY NEEDY	N	Y	Y
FOR MEDICALLY NEEDY	N	Y	N
PROVIDED BY CONTINUING CARE PROVIDERS	N	Y	N
COVERAGE OF MEDICALLY NEEDY	Y	Y	N
EXCLSN OF ANY EQUIP/SUPPLIES	N	N	N
EXCLSN OF ANY PROCEDURES	N	N	N
MED. NEC. TRANSPLANTS COVERED	Y	Y	N
KIDNEY	Y	Y	N
LIVER	Y	Y	N
BONE MARROW	Y	Y	N
OTHER	N	Y	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	Y	N	N	N	Y	N	Y	Y	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	Y*	Y*	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	Y	N	Y*	Y*	Y	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	Y*	Y*	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC - CAT/MED		- FL - CAT/MED		- GA - CAT/MED		- HI - CAT/MED		- ID - CAT/MED 1		- IL - CAT/MED		- IN - CAT/MED 1		- IA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y
SERVICE PROVIDED	N	N	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	Y	Y
LIMITATIONS	N	N	N	N	Y	Y	N	N	Y	N	Y	Y	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

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RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y
DOLLAR THRESHOLD	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
ANY OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y*	N*	Y	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y*	N*	Y	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	N
SERVICE PROVIDED	Y*	N*	Y	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	N
LIMITATIONS	N*	N*	N	N	Y	Y	N	N	Y	N	N	N	N	N	Y	N
DAYS/UNITS PER PERIOD	Y*	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N*	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y	N
DOLLAR THRESHOLD	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N*	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y	N
EXTENSION OF BENEFITS	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N*	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
ANY OTHER	Y*	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y	N
SECOND OPINION	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N*	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	Y	Y
EXTENSION OF BENEFITS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	Y	N	N	N	N	Y	Y	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

RURAL HEALTH CLINICS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N
DAYS/UNITS PER PERIOD	Y	Y	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

COVERAGE AND LIMITATIONS	- WV -		- WI -		- WY -	
	CAT/MED		CAT/MED		CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED	1	- AK - CAT/MED	1	- AZ - CAT/MED	1	- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED	1	- CT - CAT/MED		- DE - CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
SERVICE PROVIDED	Y	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N
LIMITATIONS	Y	N	N	N	Y	N	Y	Y	N	N	N	N	N	N	Y	N
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	Y*	Y*	N	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	N	N	N	N	Y	N	Y*	Y*	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	Y*	Y*	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-11. HCFA STATE PROFILE DATA SYSTEM PAGE 2 OF 7

FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
LIMITATIONS	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM

NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y*	Y*	Y*	Y*	Y	Y	Y	Y	N	N	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y*	Y*	Y*	Y*	Y	Y	Y	Y	N	N	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y*	Y*	Y*	Y*	Y	Y	Y	Y	N	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	N*	N*	N*	N*	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y	Y	N*	N*	N*	Y	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N*	N*	N*	N	N	N	Y	N	N	N	N	N	Y	Y
DOLLAR THRESHOLD	Y	Y	N*	N*	N*	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	Y	N*	N*	N*	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	N*	N*	N*	N	N	N	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	N*	N*	N*	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N*	N*	N*	N	N	N	N	N	N	N	N	N	Y	Y
ANY OTHER	N	N	N*	N*	N*	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N*	N*	N*	N	N	N	N	N	N	N	N	N	Y	Y
EXCLSN ANY PROCED(S)/ITEM(S)	Y	Y	N*	N*	N*	N	N	N	N	N	N	N	N	N	Y	Y

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y*	N*	Y	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y*	N*	Y	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y*	N*	Y	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N
LIMITATIONS	Y*	N*	N	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	N
DAYS/UNITS PER PERIOD	Y*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N*	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N
DOLLAR THRESHOLD	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N*	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N
OUT-OF-STATE PROVIDER	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N*	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	Y	N	N	N	Y	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y*	Y*	Y	Y
LIMITATIONS	N	N	Y	N	N	N	N	N	N	N	Y	Y	N*	N*	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

FEDERALLY QUALIFIED HEALTH CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

TABLE 3-12. HCFA STATE PROFILE DATA SYSTEM PAGE 1 OF 7

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y*	N*	Y	N	Y	N	N	N	Y	Y	N	N	N	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y*	N*	Y	N	Y	N	N	N	Y	Y	N	N	N	N	Y	N
SERVICE PROVIDED	Y*	N*	Y	N	Y	N	N	N	Y	Y	N	N	N	N	Y	N
LIMITATIONS	Y*	N*	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y*	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N*	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N*	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N*	Y	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N*	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC - CAT/MED		- FL - CAT/MED		- GA - CAT/MED		- HI - CAT/MED		- ID - CAT/MED 1		- IL - CAT/MED		- IN - CAT/MED 1		- IA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	N	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	N	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	N	Y	N	Y	Y
LIMITATIONS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N
LIMITATIONS	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
SERVICE PROVIDED	N	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
LIMITATIONS	N	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	Y	N	N	N	Y	Y	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	Y	Y	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT	MED	CAT	MED	CAT	MED	CAT	MED 1	CAT	MED	CAT	MED	CAT	MED	CAT	MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
LIMITATIONS	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
LIMITATIONS	N	N	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MATERNAL AND CHILD HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	Y	Y	N	N
PROCEDURE	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	Y	Y	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	Y	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	N	N	N	Y	Y	Y	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	N	N	N	Y	Y	Y	N	Y	Y	N	N
SERVICE PROVIDED	Y	N	Y	N	Y	N	N	N	Y	Y	Y	N	Y	Y	N	N
LIMITATIONS	N	N	Y	N	Y	N	N	N	Y	Y	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
LIMITATIONS	N	N	N	N	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	N	Y	Y
PRIOR AUTHORIZATION	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
LIMITATIONS	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
ANY OTHER	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	N
SERVICE PROVIDED	N	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	N
LIMITATIONS	N	N	N	N	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	Y	Y	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	Y	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
LIMITATIONS	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PROCEDURE	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N
LIMITATIONS	N	N	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MENTAL HEALTH CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	Y	Y	N	N
PROCEDURE	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y*	Y*	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y*	Y*	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y*	Y*	Y	Y
LIMITATIONS	Y	Y	N	N	N	N	N	N	N	N	N	N	N*	N*	Y	Y
DAYS/UNITS PER PERIOD	Y	Y	N	N	N	N	N	N	N	N	N	N	N*	N*	Y	Y
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	N	N	N*	N*	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N*	N*	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N*	N*	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N*	N*	N	N
EXTENSION OF BENEFITS	Y	Y	N	N	N	N	N	N	N	N	N	N	N*	N*	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N*	N*	Y	Y
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N*	N*	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N*	N*	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N*	N*	N	N

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CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	N	N	N	N	N	Y	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	N	N	N	N	N	Y	N	N	N	Y	Y	N	N
SERVICE PROVIDED	N	N	Y	N	N	N	N	N	Y	N	N	N	Y	Y	N	N
LIMITATIONS	N	N	Y	N	N	N	N	N	Y	N	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	N	Y	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	N	N	Y	N	Y	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	Y	N	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	Y	N	Y	N	N	N	Y	Y	N	N

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CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	Y	N	N	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	Y	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N	Y	N	N	N	N	N	Y	Y	N	N
LIMITATIONS	N	N	N	N	N	N	Y	N	N	N	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N

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CLINIC SERVICES - ALCOHOL AND SUBSTANCE ABUSE CLINICS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV -		- WI -		- WY -	
	CAT/MED		CAT/MED		CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	N
LIMITATIONS	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	Y	Y	N	N
PROCEDURE	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	Y	N	N

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CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC - CAT/MED		- FL - CAT/MED		- GA - CAT/MED		- HI - CAT/MED		- ID - CAT/MED 1		- IL - CAT/MED		- IN - CAT/MED 1		- IA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	N	Y	Y
LIMITATIONS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N
LIMITATIONS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED	1	- MO - CAT/MED	1	- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED	1	- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y*	N*	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y*	N*	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y*	N*	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
LIMITATIONS	Y*	N*	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N*	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N*	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
UNIT THRESHOLD	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N*	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N*	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SECOND OPINION	N*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N*	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N

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CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY - CAT/MED		- NC - CAT/MED		- ND - CAT/MED		- OH - CAT/MED 1		- OK - CAT/MED		- OR - CAT/MED		- PA - CAT/MED		- RI - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
LIMITATIONS	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N
LIMITATIONS	Y	Y	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - BIRTHING CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N
SERVICE PROVIDED	Y	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N
LIMITATIONS	Y	N	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	N	N
DAYS/UNITS PER PERIOD	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	Y	Y	Y	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	Y	Y	Y	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	Y	Y	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	Y	Y	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y
SERVICE PROVIDED	N	N	Y	Y	Y	Y	N	N	Y	N	N	N	Y	N	Y	Y
LIMITATIONS	N	N	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	Y	Y
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	Y
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	Y	Y	N	N	N	N	Y	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	Y	Y
LIMITATIONS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
PRIOR AUTHORIZATION	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	Y	Y	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N
EXTENSION OF BENEFITS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	N	Y	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
LIMITATIONS	N	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	N	N	N	N	Y	N	N	N	N	N	Y	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	Y	N	N	N	N	N	Y	N	N	N	N	N	Y	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	N	N	N	N	N	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	Y	N	N	Y	N	N	N	N	N	N	N

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CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	N	Y	Y	N	N
LIMITATIONS	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	Y	Y	N	N	Y	Y	N	N

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CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC - CAT/MED		- SD - CAT/MED 1		- TN - CAT/MED		- TX - CAT/MED		- UT - CAT/MED		- VT - CAT/MED		- VA - CAT/MED		- WA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
LIMITATIONS	Y	Y	Y	N	N	N	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - AMBULATORY SURGICAL CENTERS: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV -		- WI -		- WY -	
	CAT/MED		CAT/MED		CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	N
SERVICE PROVIDED	Y	Y	N	N	Y	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL - CAT/MED 1		- AK - CAT/MED 1		- AZ - CAT/MED 1		- AR - CAT/MED		- CA - CAT/MED		- CO - CAT/MED 1		- CT - CAT/MED		- DE - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	Y	N
SERVICE PROVIDED	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	Y	N
LIMITATIONS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC -		- FL -		- GA -		- HI -		- ID -		- IL -		- IN -		- IA -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED 1		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
SERVICE PROVIDED	Y	Y	N	N	Y	Y	N	N	N	N	N	N	Y	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N

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NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED	CAT	MED
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
SERVICE PROVIDED	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N	N	N	N
LIMITATIONS	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS -		- MO -		- MT -		- NE -		- NV -		- NH -		- NJ -		- NM -	
	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	N	N
SERVICE PROVIDED	N	N	N	N	N	N	Y	Y	Y	N	N	N	Y	Y	Y	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N

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COVERAGE AND LIMITATIONS	- NY - CAT/MED		- NC - CAT/MED		- ND - CAT/MED		- OH - CAT/MED 1		- OK - CAT/MED		- OR - CAT/MED		- PA - CAT/MED		- RI - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	N	Y	Y	N	N
LIMITATIONS	N	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PRIOR AUTHORIZATION	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N

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EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
SERVICE PROVIDED	Y	Y	Y	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N
LIMITATIONS	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - END STAGE RENAL DISEASE FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	Y	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	Y	N
SERVICE PROVIDED	Y	Y	N	N	Y	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N

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CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- AL -		- AK -		- AZ -		- AR -		- CA -		- CO -		- CT -		- DE -	
	CAT/MED	1	CAT/MED	1	CAT/MED	1	CAT/MED		CAT/MED		CAT/MED	1	CAT/MED		CAT/MED	1
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- DC - CAT/MED		- FL - CAT/MED		- GA - CAT/MED		- HI - CAT/MED		- ID - CAT/MED 1		- IL - CAT/MED		- IN - CAT/MED 1		- IA - CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	Y	Y
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	Y	Y
SERVICE PROVIDED	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	Y	Y
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- KS -		- KY -		- LA -		- ME -		- MD -		- MA -		- MI -		- MN -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- MS - CAT/MED 1		- MO - CAT/MED 1		- MT - CAT/MED		- NE - CAT/MED		- NV - CAT/MED 1		- NH - CAT/MED		- NJ - CAT/MED		- NM - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SERVICE PROVIDED	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- NY -		- NC -		- ND -		- OH -		- OK -		- OR -		- PA -		- RI -	
	CAT/MED		CAT/MED		CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- SC -		- SD -		- TN -		- TX -		- UT -		- VT -		- VA -		- WA -	
	CAT/MED		CAT/MED 1		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED		CAT/MED	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
SERVICE PROVIDED	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
LIMITATIONS	N	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

CLINIC SERVICES - MR/DAY TREATMENT FACILITIES: COVERAGE AND LIMITATIONS
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

COVERAGE AND LIMITATIONS	- WV - CAT/MED		- WI - CAT/MED		- WY - CAT/MED 1	
PROVIDED FOR PREGNANCY RLTD AND POSTPARTUM CARE	Y	Y	N	N	N	N
PROVIDED FOR OTHER CONDTNS THAT MAY COMPLICATE PRGNCY	Y	Y	N	N	N	N
SERVICE PROVIDED	Y	Y	N	N	N	N
LIMITATIONS	N	N	N	N	N	N
DAYS/UNITS PER PERIOD	N	N	N	N	N	N
PRIOR AUTHORIZATION	N	N	N	N	N	N
DOLLAR THRESHOLD	N	N	N	N	N	N
UNIT THRESHOLD	N	N	N	N	N	N
PROCEDURE	N	N	N	N	N	N
EXTENSION OF BENEFITS	N	N	N	N	N	N
OUT-OF-STATE PROVIDER	N	N	N	N	N	N
ANY OTHER	N	N	N	N	N	N
SECOND OPINION	N	N	N	N	N	N
EXCLSN ANY PROCED(S)/ITEM(S)	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
1 = STATE DOES NOT HAVE A MEDICALLY NEEDY PROGRAM
NOTE: CAT/MED IS ABBREVIATION FOR THE CATEGORICALLY NEEDY & THE MEDICALLY NEEDY

Section 4: Payment for Non-institutional Services

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SECTION 4: MEDICAID PAYMENT FOR NON-INSTITUTIONAL SERVICES

Data on Medicaid Payment for Non-Institutional Services are abstracted from the approved State plan (Section 4.19-B) and pending SPAs. The State plan identifies payment methodologies only, not the source of funds used by the State.

Funding source data on disproportionate share payments, and donations and taxes programs are not from the State plan, but are abstracted from monthly State reports to HCFA ROs. However, if funding source changes affect payment methodology, they would be reflected in SPAs.

The Medicaid program in Arizona is operated under a waiver and is administered by the Arizona Health Care Cost Containment System (AHCCCS), a coordinated care program. The majority of non-institutional services are provided through contracting health plans which are paid a capitated amount by AHCCCS for providing care.

Under Federal Medicaid statute and regulation, States retain primary authority to develop provider payment methods and rates. There are, however, three general Federal requirements governing reimbursement that apply to all services. First, payments must be sufficient to ensure that services are as available to Medicaid recipients as to the general population. Second, the Medicaid payment rate must be accepted by providers as payment in full; balance billing of Medicaid recipients is not allowed. Third, State payment methods must be consistent with efficiency, economy, and quality of care.

The Tables in this section present State policies for reimbursing selected non-institutional providers.

Payment for Prescribed Drugs:

Medicaid payment methodologies for prescribed drugs were initially addressed in Federal regulations promulgated in 1976. These regulations authorized HCFA to set upper payment limits for Medicaid services and for prescribed drugs. Medicaid payment for prescribed drugs is based upon the lower of the pharmacy's usual and customary charge for the drug, or the estimated purchasing price of the drug, plus a predetermined dispensing fee. The regulations provided that the payment amount for prescribed drugs is not to exceed the lowest of the following:

- the maximum allowable cost (MAC) of the drug as established by HCFA's pharmaceutical reimbursement board for certain multi-source drugs, plus a reasonable dispensing fee;

- the estimated acquisition cost (EAC) of the drug (the price usually paid by providers for a particular drug), plus a reasonable dispensing fee; or

- the provider's usual and customary charge to the public for the drug.

The payment provisions established in 1976 were updated in 1987 by Federal regulations that sought to grant States greater flexibility in administering the Medicaid payment program for prescribed drugs, and to allow States the opportunity to take advantage of savings now available in the marketplace for multiple-source drugs.

In order to take advantage of these savings, HCFA adopted a Federal maximum upper limit standard for certain multiple-source drugs based upon the use of a

specific formula. A multiple-source drug is a drug that is marketed or sold by two or more manufacturers or labelers or a drug that is marketed or sold by one manufacturer or labeler but has two or more proprietary names. The specific formula is equal to 150 percent of the published price for the least costly therapeutic equivalent drug that pharmacists can purchase in the most commonly purchased quantities (such as 100 tablets or capsules), plus a reasonable dispensing fee.

The 1987 regulations stipulate that for other drugs (drugs not classified as multiple-source drugs) the State must provide payment that cannot exceed in the aggregate the lower of the EAC standard plus a reasonable dispensing fee or the provider's usual and customary charge to the public. In addition, a State may choose to use its own standard as long as its aggregate expenditures do not exceed the expenditures of the EAC standard.

Other drugs include brand name drugs certified by the physician as medically necessary, multiple-source drugs not subject to the 150-percent formula, or drugs available through only one manufacturer or listed under one name. SpDATA Table 4-1 lists each State's adopted payment methodology for prescribed drugs and corresponding dispensing fees.

Payment for Physician Services

Table 4-2 identifies the physician payment methods in each State. Under Medicaid statute, States are able to establish the unit of payment for physician services. For physicians, State Medicaid programs typically pay for an encounter (e.g., office visit) and set different rates based on the length of encounter (e.g., brief office visit, intermediate office visit).

Methods for reimbursing physician services can generally be grouped into four categories. The first category includes the use of a fee schedule in which the physician receives an established rate for a specific service or procedure. The fee schedule rate for a particular service or procedure is typically based on historical cost or charge data. States can choose the source of the data used to establish the fee schedule and can choose when and how to update the fee schedule. States typically base the Medicaid fee schedule on either the Medicare fee schedule or can develop their own. Table 4-2.1 shows which States use a fee schedule, States which base the fee schedule on State data, the year in which the fee schedule was updated, and States that use the Medicare fee schedule.

A second type of physician payment is the relative value system. Under relative value, a scale is developed by assigning a numerical value to physician procedures relative to other physician procedures. The relative value factor is then multiplied by a dollar value to establish the fee for a procedure or service. States can develop their own relative value systems or use an existing system, such as the California or Nevada relative value scales or the Medicare resource based relative value system.

State Medicaid programs can also pay physicians based on the amount that the physician charges for a service or procedure. As with other physician payment methods, States can establish the source and basis for reimbursement. Charge methods may be based on the Medicare limit or the lower of the prevailing charges in

a geographic area, the physician's customary charge, the actual billed charge, or some other method. Also, States can establish the payment amount by designating that payment be limited to a specified percentage of charges.

Another physician payment method is based on the costs associated with the provision of a service or procedure (Table 4-2.2). Under this methodology, the State can define the reasonable costs incurred by a physician related to delivering a service. Costs can be defined and computed using Medicare determined reasonable standards or the State can establish its own definition. Irrespective of the basis for defining costs, States can set payment based on a specified percentage of costs.

States may use a prospective system to establish rates prior to the beginning of the rate year. Table 4-2.2 shows the base year and the trend factor percentage for the States with a prospective system.

Tables 4-3 and 4-4 identify States having disproportionate share payments and/or provider donations and tax programs for non-institutional providers.

- Disproportionate Share Payments (DSP)--DSP are payments made to providers that serve a higher than average number of Medicaid and other low-income patients.

- Donations Programs--Donations programs are funds derived by the States from providers, which States then use as the State share of Medicaid payments. Generally, States then increase Medicaid payments to reimburse providers for the donations paid.

- Taxes Programs--Through taxes programs, States levy taxes exclusively on providers, then use this revenue as the State share of Medicaid payments.

PAYMENT FOR PRESCRIPTION DRUGS BY METHODOLOGY AND DISPENSING FEE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	HCFALIMITS &EAC %	STATE LIMITS	DISPENSE FEE RANGE (FROM $_.__ TO $_.__)		DSP DRUGS	D & T PROGRAMS
ALABAMA	9.20	Y	5.40	5.40	N	T
ALASKA	N	N	3.45	3.45	N	N
ARIZONA	N	Y	0.00	0.00	N	N
ARKANSAS	10.50*	Y*	4.51*	20.00*	N	T
CALIFORNIA	10.00*	Y	0.00	0.00	N*	N
COLORADO	10.00	Y	2.29	4.58	N	N
CONNECTICUT	8.00	Y	4.10	4.10	N	N
DELAWARE	5.61	N	3.65	3.65	N	N
DIST OF COL	1.50	U	4.25	4.25	N	N
FLORIDA	7.00*	N	4.23*	4.23*	N*	N*
GEORGIA	10.00	Y	4.11	4.41	N	N
HAWAII	N	Y	0.00	0.00	N	N
IDAHO	N	Y	0.00	0.00	N	N
ILLINOIS	N	Y	3.65	15.00	N	N
INDIANA	10.00	Y	4.00	4.00	N	N
IOWA	10.00	Y	6.25	6.25	N	N
KANSAS	10.00	Y	0.00	0.00	N	N
KENTUCKY	10.00	Y	4.75	5.75	N	T
LOUISIANA	10.50	Y	5.00	5.00	N	N
MAINE	5.00	Y	3.35	3.35	N	N
MARYLAND	N	Y	4.94	6.17	N	T
MASSACHUSETTS	10.00	Y	0.00	0.00	N	N
MICHIGAN	N	Y	0.00	0.00	N	N
MINNESOTA	N	Y*	4.10*	4.40*	N*	N*
MISSISSIPPI	10.00	N*	4.91*	4.91*	N*	T*
MISSOURI	10.43	Y	0.00	0.00	N	N
MONTANA	10.00	Y	0.00	0.00	N	N
NEBRASKA	8.71	Y	2.82	5.05	N	N
NEVADA	10.00	Y	4.84	16.80	N	N
NEW HAMPSHIRE	10.00	Y	0.00	0.00	N	N
NEW JERSEY	6.00	N	3.73	4.07	N	N
NEW MEXICO	10.50	N	4.25	4.25	N	N
NEW YORK	N	Y*	0.00	0.00	N*	N
NORTH CAROLINA	10.00	N	4.85	4.85	N	N
NORTH DAKOTA	10.00	N	0.00	0.00	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
DSP = DISPROPORTIONATE SHARE PAYMENTS (NOT IN STATE PLAN)
D&T = DONATIONS & TAXES PROGRAMS: N = NO PROGRAMS, D = DONATIONS,
T = TAXES (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.
NOTE: DISPENSING FEE RANGE INCLUDED IF IN STATE PLAN

PAYMENT FOR PRESCRIPTION DRUGS BY METHODOLOGY AND DISPENSING FEE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	HCFA LIMITS &EAC %	STATE LIMITS	DISPENSE FEE RANGE (FROM $_.__ TO $_.__)		DSP DRUGS	D & T PROGRAMS
OHIO	N	N	0.00	0.00	N	N
OKLAHOMA	10.50	Y	5.10	5.10	N	N
OREGON	0.00	Y	3.67	4.02	N	N
PENNSYLVANIA	N	N	3.50	3.50	N	N
RHODE ISLAND	0.00	Y	2.85	3.40	N	N
SOUTH CAROLINA	9.50	Y	3.15	4.05	N	N
SOUTH DAKOTA	10.50	Y	0.00	0.00	N	N
TENNESSEE	8.00	N	3.91	6.00	N	N
TEXAS	10.49	Y	0.00	0.00	N	N
UTAH	12.00	Y	0.00	0.00	N	N
VERMONT	10.00	Y	4.25	7.50	N	N
VIRGINIA	9.00	N	4.40	4.40	N	N
WASHINGTON	11.00	Y	3.24	4.33	N	N
WEST VIRGINIA	12.00*	Y*	3.90*	3.90*	N	N
WISCONSIN	N	Y	0.00	0.00	N	N
WYOMING	11.00	Y	0.00	0.00	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
DSP = DISPROPORTIONATE SHARE PAYMENTS (NOT IN STATE PLAN)
D&T = DONATIONS & TAXES PROGRAMS: N = NO PROGRAMS, D = DONATIONS,
T = TAXES (NOT IN STATE PLAN)
NOTE: HCFA LIMITS & EAC % = ESTIMATED ACQUISITION COST (INGREDIENT REIMBURSEMENT BASIS) IS AVG WHOLESALE PRICE MINUS PCT (AWP-%). EXCEPTIONS: AL, FL, MA USE WHOLESALE ACQUISITIONS COST PLUS PCT (WAC+%). DE, MI GENERALLY USE ACTUAL ACQUISITION COST (AAC). AZ CAPITATED UNDER AHCCCS.
NOTE: DISPENSING FEE RANGE INCLUDED IF IN STATE PLAN

PAYMENT METHODOLOGY FOR PHYSICIANS SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	-- UNIT OF PAYMENT -- ENCOUNTER	ENCOUNTER LENGTH	RATES NEGOTIATED	-- --- -- FEE SCHEDULE -- --- -- EXISTS	STATE	UPDATE YR	MEDICARE	-- RVS -- SCALE	OTHER
ALABAMA	Y	N	N	Y	Y	1991	N	N	N
ALASKA	Y	Y	N	N	NA	NA	NA	N	N
ARIZONA	Y	N	N	Y	Y	NA	N	N	N
ARKANSAS	Y	N	N	Y	Y	1991	N	N	N
CALIFORNIA	Y	N	N	Y	Y	NA	N	CA	N
COLORADO	Y	N	N	N	NA	NA	NA	N	Y
CONNECTICUT	Y	Y	N	Y	Y	1991	N	N	N
DELAWARE	Y	N	N	Y	Y	1991	Y	N	N
DIST OF COL	Y	N	N	U	NA	NA	N	N	N
FLORIDA	Y	N	N	Y	Y	1991	N	N	N
GEORGIA	Y	N	N	Y	Y	NA	N	N	N
HAWAII	Y	N	N	N	NA	NA	NA	N	N
IDAHO	Y	N	N	Y	Y	NA	N	N	N
ILLINOIS	Y	N	N	Y	Y	1991	N	N	N
INDIANA	Y	N	N	Y	Y	NA	N	N	N
IOWA	Y	N	N	Y	Y	1991	N	N	N
KANSAS	Y	N	N	Y	Y	NA	N	N	N
KENTUCKY	Y	N	N	N	NA	NA	NA	N	N
LOUISIANA	N	N	N	Y	Y	NA	N	N	N
MAINE	Y	N	N	Y	NA	NA	Y	N	N
MARYLAND	Y	N	N	Y	Y	NA	N	N	N
MASSACHUSETTS	Y	N	N	Y	Y	NA	N	N	N
MICHIGAN	Y	N	N	Y	Y	NA	N	N	Y
MINNESOTA	Y	Y	N	Y	Y	NA	N	N	N
MISSISSIPPI	Y*	N*	N*	Y*	Y	1991*	N*	N	N
MISSOURI	Y	Y	N	Y	Y	NA	N	N	N
MONTANA	Y	N	N	Y	Y	1991	Y	N	N
NEBRASKA	Y	N	N	Y	Y	NA	N	N	N
NEVADA	Y	N	N	Y	Y	NA	Y	CA	N
NEW HAMPSHIRE	U	U	N	Y	Y	NA	N	N	N
NEW JERSEY	Y	N	N	Y	Y	NA	N	N	N
NEW MEXICO	Y	N	N	Y	Y	1986	N	N	N
NEW YORK	Y	N	N	Y	Y	NA	N	N	N
NORTH CAROLINA	Y	N	Y	Y	Y	1982	N	N	N
NORTH DAKOTA	Y	N	N	Y	Y	NA	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RVS (RELATIVE VALUE SCALE) SYSTEMS: CA = CALIFORNIA, NV = NEVADA

HCFA STATE PROFILE DATA SYSTEM
PAYMENT METHODOLOGY FOR PHYSICIANS SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	-- UNIT OF PAYMENT -- ENCOUNTER/ENCOUNTER LENGTH		RATES NEGOTIATED	-- --- -- FEE SCHEDULE -- --- -- EXISTS	STATE	UPDATE YR	MEDICARE	-- RVS -- SCALE	OTHER
OHIO	Y	N	N	Y	Y	NA	N	N	N
OKLAHOMA	N	N	N	Y	Y	1991	N	N	N
OREGON	Y	N	N	Y	Y	1990	N	N	N
PENNSYLVANIA	Y	N	N	Y	Y	1992	N	N	N
RHODE ISLAND	Y	N	Y	Y	Y	NA	N	N	N
SOUTH CAROLINA	Y	N	N	Y	Y	NA	N	CA	Y
SOUTH DAKOTA	Y	N	N	Y	Y	NA	Y	N	Y
TENNESSEE	Y	N	N	Y	Y	NA	N	N	N
TEXAS	Y	N	N	N	NA	NA	NA	CA	N
UTAH	Y	N	N	Y	Y	1982	N	N	Y
VERMONT	Y	N	N	Y	Y	NA	N	N	N
VIRGINIA	Y	N	N	Y	Y	1991	N	N	N
WASHINGTON	Y	N	N	Y	Y	1991	N	N	N
WEST VIRGINIA	Y	N	N	Y	Y	NA	N	CA	N
WISCONSIN	Y	N	N	Y	Y	NA	N	N	N
WYOMING	Y	N	N	Y	Y	NA	N	N	N

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NOTE: RVS (RELATIVE VALUE SCALE) SYSTEMS: CA = CALIFORNIA, NV = NEVADA

PAYMENT METHODOLOGY FOR PHYSICIANS SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	---- CHARGES ----			-- REASONABLE COSTS --			PROSPECTIVE		OTHER
	MEDICARE	%BILLED	OTHER	STATE	MEDICARE	%BILLED	BASE YEAR	TREND FACTOR	PAYMENT METHOD
ALABAMA	N	NA	N	N	N	NA	NA	NA	N
ALASKA	N	NA	Y	N	N	NA	NA	NA	N
ARIZONA	N	NA	Y	N	N	NA	NA	NA	N
ARKANSAS	N	NA	N	N	N	NA	NA	NA	N
CALIFORNIA	N	NA	N	N	N	NA	NA	NA	N
COLORADO	N	NA	Y	N	N	NA	NA	NA	N
CONNECTICUT	N	NA	Y	N	N	NA	NA	NA	N
DELAWARE	N	NA	Y	N	N	NA	NA	NA	N
DIST OF COL	N	NA	N	N	N	NA	NA	NA	N
FLORIDA	N	NA	N	N	N	NA	NA	NA	N
GEORGIA	N	NA	Y	N	N	NA	NA	NA	N
HAWAII	N	NA	Y	N	N	NA	NA	NA	N
IDAHO	N	NA	N	Y	N	NA	NA	NA	N
ILLINOIS	N	NA	N	N	N	NA	NA	NA	N
INDIANA	N	NA	Y	Y	N	NA	NA	NA	N
IOWA	N	NA	N	N	N	NA	NA	NA	N
KANSAS	N	NA	N	N	N	NA	NA	NA	N
KENTUCKY	N	100.00	Y	N	N	NA	NA	NA	Y
LOUISIANA	N	NA	N	N	N	NA	NA	NA	N
MAINE	Y	NA	Y	N	N	NA	NA	NA	N
MARYLAND	N	NA	N	N	N	NA	NA	NA	N
MASSACHUSETTS	N	NA	N	N	N	NA	NA	NA	N
MICHIGAN	N	NA	N	Y	N	NA	NA	NA	N
MINNESOTA	Y	NA	N	Y	Y	NA	NA	NA	N
MISSISSIPPI	N*	NA	N	N*	N*	NA	NA	NA	N
MISSOURI	N	NA	N	N	N	NA	NA	NA	N
MONTANA	Y	65.20	Y	N	N	NA	NA	NA	N
NEBRASKA	N	NA	N	N	N	NA	NA	NA	N
NEVADA	Y	NA	N	N	N	NA	NA	NA	N
NEW HAMPSHIRE	N	NA	N	N	Y	NA	NA	NA	N
NEW JERSEY	N	NA	N	N	N	NA	NA	NA	N
NEW MEXICO	N	NA	N	N	N	NA	NA	NA	N
NEW YORK	N	NA	N	N	N	NA	NA	NA	N
NORTH CAROLINA	N	NA	N	N	N	NA	NA	NA	Y
NORTH DAKOTA	N	NA	Y	N	N	NA	NA	NA	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: RVS (RELATIVE VALUE SCALE) SYSTEMS: CA = CALIFORNIA, NV = NEVADA

PAYMENT METHODOLOGY FOR PHYSICIANS SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	---- CHARGES ----			-- REASONABLE COSTS --			PROSPECTIVE		OTHER
	MEDICARE	%BILLED	OTHER	STATE	MEDICARE	%BILLED	BASE YEAR	TREND FACTOR	PAYMENT METHOD
OHIO	N	NA	Y	N	N	NA	NA	NA	N
OKLAHOMA	N	NA	N	N	N	NA	NA	NA	N
OREGON	N	NA	N	N	N	NA	NA	NA	N
PENNSYLVANIA	N	NA	N	N	N	NA	NA	NA	N
RHODE ISLAND	N	NA	N	N	N	NA	NA	NA	N
SOUTH CAROLINA	N	NA	N	N	N	NA	NA	NA	Y
SOUTH DAKOTA	N	60.00	Y	N	N	NA	NA	NA	N
TENNESSEE	N	NA	N	N	N	NA	NA	NA	N
TEXAS	N	NA	Y	N	N	NA	NA	NA	N
UTAH	N	NA	Y	N	N	NA	NA	NA	Y
VERMONT	N	NA	N	N	N	NA	NA	NA	N
VIRGINIA	N	0.00	Y	N	N	NA	NA	NA	N
WASHINGTON	N	NA	N	N	N	NA	NA	NA	N
WEST VIRGINIA	N	NA	N	N	N	NA	NA	NA	N
WISCONSIN	N	NA	Y	N	N	NA	NA	NA	N
WYOMING	N	70.00	Y	N	N	NA	NA	NA	N

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U = UNAVAILABLE
NOTE: RVS (RELATIVE VALUE SCALE) SYSTEMS: CA = CALIFORNIA, NV = NEVADA

HCFA STATE PROFILE DATA SYSTEM
STATES WITH DISPROPORTIONATE SHARE PAYMENTS AND/OR
DONATIONS AND TAXES PROGRAMS FOR NON-INSTITUTIONAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

STATE	< < DISPROPORTIONATE SHARE PAYMENTS > > -- FUNDING SOURCE --					< < < < DONATIONS AND TAXES PROGRAMS > > > > -- TYPE OF PROGRAM --			-- USE OF PROCEEDS --			
	-- PROVIDER --		-- GENERAL --		OTHER				DSP	EXPAND	OTHER	NON
	DONATIONS	TAXES	TAXES	REVENUE	SOURCE	DONATIONS	TAXES	OTHER	PGM	MEDICD	MEDICD	MEDICD
ALABAMA	N	Y	N	Y	N	N	Y	N	Y	Y	Y	Y
ARKANSAS	N	N	N	N	N	N	Y	N	N	Y	N	N
CONNECTICUT	N	N	N	N	Y	U	U	N	U	U	U	U
FLORIDA	N	N	N	N	N	N	Y	N	Y	Y	Y	Y
GEORGIA	N	N	N	Y	N	Y	N	N	N	N	N	N
IOWA	N	N	N	Y	N	N	N	N	N	N	N	N
KENTUCKY	N	N	N	N	N	N	Y	N	N	Y	Y	Y
MARYLAND	N	N	N	N	N	N	Y	N	N	N	Y	N
MICHIGAN	N	N	N	N	N	Y	N	N	N	N	Y	Y
MINNESOTA	N	N	N	N	N	N	Y	N	Y	Y	N	N
MISSISSIPPI	N	N	N	N	N	Y	Y	Y	N	N	N	N
NEW YORK	N	N	N	Y	N	N	N	N	N	N	N	N
UTAH	N	N	N	N	N	Y	N	N	N	N	Y	N
WASHINGTON	N	N	N	N	N	N	Y	N	Y	N	N	N

U = UNAVAILABLE
NOTE: ONLY STATES WITH DISPROPORTIONATE SHARE PAYMENTS AND/OR
DONATIONS AND TAXES PROGRAMS ARE PRESENTED.
STATES REPORT INFORMATION ON DISPROPORTIONATE SHARE PAYMENTS (DSP) AND
DONATIONS AND TAXES (D&T) PROGRAMS TO HCFA (NOT IN STATE PLAN)

STATES WITH DISPROPORTIONATE SHARE PAYMENTS OR
DONATIONS AND TAXES PROGRAMS BY NON-INSTITUTIONAL SERVICE TYPE
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	-AR-	-MS-	-KY-	-MD-	-UT-	-AL-	-NY-	-CA-	-CT-	-FL-	-GA-	-IN-	-MI-	-MN-	-NV-	-WA-
OUTPT/HOSP/ACUTE	2	2*			2	3			1			1	2	2		2
PRESC/DRUGS	2	2*	2	2		2										
PHYSN/SRVCS	2	2*	2	2							2					
NURSE/PRACT/FAMLY	2	2		2											1	
NURSE/PRACT/PED	2	2		2												
DENTL/SRVCS		2*	2	2												
HOME/HLTH/NURSE	2	2					1									
AMBUL/SURGI/CENTR	2	2*								2						
NURSE/MDWIF	2	2		2												
TARGT/CASE/MGT	2	2*						2								
TRANS/PORT/SRVCS	2	2*														
EMERG/HOSP/SRVCS	2				2											
RHC	2	2														
LAB/X-RAY	2	2*														
EPSDT	2			2												
OPTOM/ETRST	2		2													
NURSE/ANEST	2			2												
OTHER/LICNS/PRACT	2	2														
HOME/HLTH/AIDE	2	2														
MED/SUPLY/HHSVC	2	2														
PHYS/THERA/HHSVC	2	2*														
PRESC/PROST/DVICS	2	2														
EYE/GLASS/PRESC	2	2*														
REHAB/SRVCS	2		2*													
PERSN/CARE/SRVCS	2															
MENTL/HLTH/CLNIC			2													
DIAG/SRVCS			2*													
SCREN/SRVCS			2*													
PREVN/SRVCS			2*													
PRESC/DENTR				2												
SPECH/AUDIO/HHSVC		2														
PHYS/THERA		2*														
OCCUP/THERA		2														
SPECH/PATH		2														
HEAR/DISOR		2														
LANG/DISOR		2														
FQHC	2															
PRIVT/DUTY/NURSE	2															
ESRD/CLNIC	2															
MR,DA/TREAT/CLNIC	2															
OTHER/CLNIC/SRVCS	2															
OTHER/PRESC	2															
HOSPC/CARE		2														
OUTPT/HOSP/OTHER							1									
OUTPT/HOSP/PSYCH					2											

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
NOTE: ONLY STATES WITH DISPROPORTIONATE SHARE PAYMENTS AND/OR
DONATIONS AND TAXES PROGRAMS ARE PRESENTED.
STATES REPORT INFORMATION ON DISPROPORTIONATE SHARE PAYMENTS (DSP) AND
DONATIONS AND TAXES (D&T) PROGRAMS TO HCFA (NOT IN STATE PLAN)
1,2,3: 1=DSP 2=D&T 3=BOTH DSP AND D&T

Section 5: Payment for Institutional Services

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SECTION 5: MEDICAID PAYMENT FOR INSTITUTIONAL SERVICES

Tables in this section include data which are abstracted from the approved State plan (Section 4.19-A and 4.19-D) and pending SPAs. The State plan identifies payment methodologies only, not the source of the funds used by the State.

The data on disproportionate share hospital funding sources, and donations and taxes programs are not from the State plan, but are abstracted from monthly State reports to HCFA ROs. However, if funding source changes affect payment methodology, they would be reflected in SPAs.

Rate information is taken from the "related information" section submitted with each SPA. It is the estimated average proposed rate for each type of institution (i.e., nursing facility, hospital, and ICF/MR). The rate shown does not reflect the actual rate paid to any individual facility.

The Medicaid program in Arizona is operated under a waiver and is administered by the Arizona Health Care Cost Containment System (AHCCCS), a coordinated care program. The majority of institutional services are provided through contracting health plans which are paid a capitated amount by AHCCCS for providing care.

Under Federal Medicaid statute and regulation, States retain primary authority to develop provider payment methods and rates. There are, however, three general Federal requirements governing reimbursement that apply to all services. First, payments must be sufficient to ensure that services are as available to Medicaid recipients as to the general population. Second, the Medicaid payment rate must be accepted by providers as payment in full; balance billing of Medicaid recipients is not allowed. Third, State payment methods must be consistent with efficiency, economy, and quality of care.

State Medicaid reimbursement systems for institutional providers, hospitals and nursing homes, must meet two additional Federal requirements. First, State Medicaid payments to institutions, in the aggregate, cannot be greater than the amount that would have been paid using Medicare reimbursement methods. Second, Medicaid payments to institutions must meet the costs of "efficiently and economically operated" facilities.

Federal law and regulations stipulate that State Medicaid hospital payment policies must take into account the situation of hospitals serving a disproportionate number of low-income recipients. Table 5-1 shows the various ways that States can designate, pay, and finance disproportionate share hospitals. Special attention is given to State use of provider taxes and donations to finance disproportionate share payments.

- Disproportionate Share Hospitals (DSH)--DSH are hospitals that serve a higher than average number of Medicaid and other low-income patients. DSH have a different reimbursement rate than other hospitals. States show how they calculated this rate in their State plan. DSH definitions and payment adjustment methods are found in section 1923 of the Social Security Act.

- DSH is defined in section 1923(b)(1)(A);

- Inpatient Utilization Rate Threshold is defined in section 1923(b)(2);

- Low Income Utilization Rate Threshold is defined in section 1923(b)(3);

- DSH Payment Adjustment Method is described in sections 1923(c)(1), 1923(c)(2), 1923(c)(3), and 1923(e).

Table 5-2 identifies States with donations and taxes programs by type of facility (acute care, psychiatric, nursing facility, ICF/MR, and other). This Table also shows whether these funds are spent on Medicaid expansion, other Medicaid expenses, or non-Medicaid costs.

Except for the special case of disproportionate share hospitals, the methods used by States to reimburse different types of institutions are generally similar. Tables 5-3 to 5-7 show the Medicaid payment methods based on the type of institution. While the payment methods across facilities are similar, there is wide variation between States on the elements of payment methods. Because of the variation no two State payment systems are identical.

The institutional payment methods used by each State are grouped into categories as shown in the row headings of Tables 5-3 to 5-7. In addition, the Tables show the estimated average payment rate for each type of institution and the time period that rates are in effect. Note: rate amounts shown on the Tables vary greatly because States use different units of payment (i.e., diagnosis related group, all inclusive per diem, per diem plus additions, per discharge, per case, per admission, case mix per diem, or other). The major components of each State's rate-setting methodology are identified below. States may use more than one reimbursement scheme for a service type; therefore, the Tables show a combination of prospective, retrospective, and other reimbursement methods for some States.

- Method of Payment: In general, there are two institutional payment methods -- retrospective and prospective. Retrospective refers to a payment system that is based entirely on actual costs. Under this method, Medicaid makes interim payments throughout the year. At the end of the year there is a reconciliation between the interim payments and the institution's actual costs. Under a prospective system, the State establishes a rate for a base year. The base year rate is usually developed using cost-based data. Then for future years, the base year rate is trended forward to reflect inflation. In a true prospective system, there is no reconciliation to actual costs.

- Unit of Payment: States define the basis for paying institutions. States can adopt the Medicare unit of payment and reimburse based on diagnosis related groups, pay for a day of care, pay based on admissions or discharges, or select a daily rate based on case mix. Generally, the unit of payment for institutions provides a method for "bundling" the kinds of services provided in institutions.

    - All Inclusive Per Diem--An all inclusive per diem rate is the payment rate to nursing facilities, hospitals, or ICF/MRs that covers all services provided (no hidden charges).

    - Case Mix Per Diem--The unit of payment based on levels of care required per recipient in hospitals, nursing facilities, and ICF\MRs.

    - Diagnosis Related Groups (DRGs)--DRGs classify patients similar in their demographic, diagnostic, and therapeutic (i.e., clinical) attributes, and in

their consumption of hospital resources during the inpatient stay. These groupings are used to incorporate severity of illness measurements into the process for prospective payment determination for inpatient hospital services.

- Trend Index: States that pay institutional providers prospectively use a trend factor to update payment rates (usually on an annual basis). States are free to choose an index or develop their own. Common indexes used by States in this report are:

  - DRI National: Data Resources Inc., a national index;
  - DRI Regional: Data Resources Inc., a regional index;
  - HCFA Market basket: Health Care Financing Administration market basket index; and
  - CPI: Consumer Price index.

- Ancillary Services: Institutional payment is based on a bundle of services. These services, typically called ancillary, can be included in the institutional rate, paid for separately, or not covered by Medicaid.

- Other Services: In addition to ancillary services, State Medicaid programs may pay institutional providers for other types of services. The most common are administratively necessary days and reserved bed days. Administratively necessary days are those days that a recipient spends in the institution awaiting placement to the community or another institution. Reserved bed days refers to Medicaid payment to institutions, typically nursing homes, for days when the Medicaid recipient is not in the institution -- such as for hospitalization.

- Group Classification: State Medicaid programs can establish payment methods based on criteria for grouping types of facilities or can pay on an individual facility basis. Group classifications tend to be used to account for cost differences between types of facilities.

STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
ACUTE CARE HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	N	N	Y	Y	N*	Y
INPATIENT UTILIZATION	Y	N	N	Y	N	N	N*	N
LOW INCOME UTILIZATION	Y	N	N	Y	N	N	N*	N
OTHER	Y	Y	N	N	Y	N	Y*	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N	N	N	N	Y	N
SECTION 1923 (C)(2)	Y	N	N	Y*	Y	Y	N	N
SECTION 1923 (C)(3)	Y	N	N	N*	Y	N	N	N
SECTION 1923 (E)	N	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	$0.00	NA	$1000.00*	$300.00	$0.00*	NA	$0.00
PERCENT	0.25	0.00	NA	NA	NA	1.00	NA	0.00
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N	N	N	Y	Y	N	N
PROVIDER TAX	Y	N	N	Y	Y	N	N	N
GENERAL TAX	N	N	N	N	N	Y	N	N
GENERAL REVENUE	N	Y	N	Y	Y	Y	N	N
OTHER	Y	N	N	N	Y	N	N	Y
PSYCHIATRIC HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	N	N	Y	Y	N*	N*
INPATIENT UTILIZATION	Y	N	N	Y	N	N	N	N*
LOW INCOME UTILIZATION	Y	N	N	Y	N	N	N	N*
OTHER	Y	Y	N	N	N	N	Y*	Y*
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N	N	N	N	Y	N
SECTION 1923 (C)(2)	Y	N	N	Y*	Y	Y	N	N
SECTION 1923 (C)(3)	Y	N	N	N*	N	N	N	N
SECTION 1923 (E)	N	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	$0.00	NA	$1000.00*	$2.00	$0.00*	NA	$0.00
PERCENT	0.25	0.00	NA	NA	NA	1.00	NA	70.00
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N	N	N	N	Y	N	N
PROVIDER TAX	Y	N	N	Y*	N	N	N	N
GENERAL TAX	Y	N	N	N	N	Y	N	N
GENERAL REVENUE	Y	Y	N	Y	N	Y	N	Y
OTHER	Y	N	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
¬ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	N	N	Y	Y	N*	N
INPATIENT UTILIZATION	Y	N	N	Y	N	N	N	N
LOW INCOME UTILIZATION	Y	N	N	Y	N	N	N	N
OTHER	N	Y	N	N	N	N	Y*	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N	N	N	N	Y	N
SECTION 1923 (C)(2)	Y	N	N	Y*	Y	Y	N	N
SECTION 1923 (C)(3)	Y	N	N	N*	N	N	N	N
SECTION 1923 (E)	N	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	NA	$1000.00*	$2.00	NA	NA	$0.00
PERCENT	0.25	NA	NA	NA	NA	1.00	NA	0.00
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N	N	N	N	Y	N	N
PROVIDER TAX	N	N	N	Y*	N	N	N	N
GENERAL TAX	N	N	N	N	N	Y	N	N
GENERAL REVENUE	Y	Y	N	Y	N	Y	N	N
OTHER	N	N	N	N	Y	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
¬ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
ACUTE CARE HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N*	N	N	Y	Y	N	N	N
INPATIENT UTILIZATION	Y*	Y	Y	N	N	Y	Y	N
LOW INCOME UTILIZATION	Y*	Y	Y	N	N	Y	Y	N
OTHER	N	Y	Y	N	N	Y	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N*	N	N	N	N	N	N	N
SECTION 1923 (C)(2)	N*	Y	Y	Y	Y	N	N	N
SECTION 1923 (C)(3)	N*	Y	N	Y	N	Y	Y	N
SECTION 1923 (E)	N*	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	NA	$0.00	NA	$5.00	NA	NA
PERCENT	1.00*	5.00	1.00	1.00	15.00	7.34	2.50	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N*	N	Y	N	N	N	N	N
PROVIDER TAX	N*	Y	N	N	N	Y	Y	N
GENERAL TAX	N*	N	N	N	N	N	N	N
GENERAL REVENUE	N*	N	N	N	Y	Y	Y	N
OTHER	N	N	N	Y	N	N	N	N
PSYCHIATRIC HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N*	N	N	N	Y	N	N	N
INPATIENT UTILIZATION	Y*	Y	N	N	N	Y	Y	N
LOW INCOME UTILIZATION	Y*	Y	N	N	N	Y	Y	N
OTHER	N	Y	N	N	N	Y	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N*	N	N	N	N	N	N	N
SECTION 1923 (C)(2)	N*	Y	N	N	Y	N	N	N
SECTION 1923 (C)(3)	N*	Y	N	N	N	Y	Y	N
SECTION 1923 (E)	N*	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	$0.00	NA	NA	NA	$5.00	NA	NA
PERCENT	1.00*	5.00	NA	NA	15.00	7.34	2.50	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N*	N	N	N	N	N	N	N
PROVIDER TAX	N*	Y	N	N	N	Y	Y	N
GENERAL TAX	N*	Y	N	N	N	N	N	N
GENERAL REVENUE	N*	Y	N	N	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
¬ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	N	N	Y	N	Y	N
INPATIENT UTILIZATION	Y	Y	N	N	N	Y	N	Y
LOW INCOME UTILIZATION	N	Y	N	N	N	Y	N	Y
OTHER	N	Y	N	N	N	Y	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	U	N	N	N	N	N	Y	N
SECTION 1923 (C)(2)	U	Y	N	N	Y	N	N	Y
SECTION 1923 (C)(3)	U	Y	N	N	N	Y	N	N
SECTION 1923 (E)	U	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	$0.00	NA	NA	NA	$5.00	NA	NA
PERCENT	1.00	5.00	NA	NA	15.00	7.34	2.50	2.50
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N	N	N	N	N	N	N
PROVIDER TAX	N	Y	N	N	N	Y	N	N
GENERAL TAX	N	N	N	N	N	N	N	N
GENERAL REVENUE	N	N	N	N	Y	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
¬ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
ACUTE CARE HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	Y	N*	N*	N	N	N	N*	Y*
INPATIENT UTILIZATION	N	N*	N	N	Y	N	Y*	N*
LOW INCOME UTILIZATION	N	N*	N	N	Y	N	N*	N*
OTHER	N	Y*	N	Y	Y	N	N	N*
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N*	N*	Y	N	N	N*	N
SECTION 1923 (C)(2)	Y	N*	N*	N	N	N	N*	Y
SECTION 1923 (C)(3)	N	Y*	Y	N	Y	N	Y*	Y
SECTION 1923 (E)	N	N*	N	N	N	N	N*	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	$1.00*	$1.00*	NA	$0.00	NA	NA	$1.00
PERCENT	25.00	NA	NA	NA	4.00	NA	10.00	1.00
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N*	N	N	N	N	Y*	N
PROVIDER TAX	N	Y*	N	N	N	N	N*	N
GENERAL TAX	N	N*	N	N	N	N	N*	N
GENERAL REVENUE	Y	N*	N*	N	Y	Y	N*	Y
OTHER	N	N*	N	N	N	N	N	N
PSYCHIATRIC HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	Y	N*	Y	N	N	Y	N	Y*
INPATIENT UTILIZATION	N	N*	Y	N	Y	Y	N	N
LOW INCOME UTILIZATION	N	N*	Y	N	Y	N	N	N
OTHER	N	Y*	N	Y	N	N	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N*	Y	Y	N	N	N	Y*
SECTION 1923 (C)(2)	Y	N*	Y	N	N	Y	N	N*
SECTION 1923 (C)(3)	N	Y*	N	N	Y	N	Y	N*
SECTION 1923 (E)	N	N*	N	N	N	N	N	N*
DSH MINIMUM PAYMENT								
AMOUNT $	NA	$1.00*	$1.00	NA	$0.00	$8468.00	NA	$1.00*
PERCENT	25.00	0.00	NA	NA	4.00	NA	10.00	1.00*
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N*	N	N	N	N	N	N*
PROVIDER TAX	N	Y*	N	Y	N	N	N	N*
GENERAL TAX	N	N*	N	N	N	N	N	N*
GENERAL REVENUE	Y	N*	Y	N	Y	Y	Y	Y*
OTHER	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
¬ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N*	Y	N	N	Y	N	N
INPATIENT UTILIZATION	N	N*	Y	N	Y	Y	N	N
LOW INCOME UTILIZATION	N	N	Y	N	Y	N	N	N
OTHER	N	Y*	N	N	N	N	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N*	Y	N	N	N	N	N
SECTION 1923 (C)(2)	N	N*	Y	N	N	Y	N	N
SECTION 1923 (C)(3)	N	Y*	N	N	Y	N	Y	N
SECTION 1923 (E)	N	N*	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	$1.00*	$1.00	NA	NA	$8468.00	NA	NA
PERCENT	NA	NA	NA	NA	0.04	NA	10.00	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N*	N	N	N	N	N	N
PROVIDER TAX	N	Y*	N	N	N	N	N	N
GENERAL TAX	N	N*	N	N	Y	N	N	N
GENERAL REVENUE	N	N*	Y	N	N	Y	Y	N
OTHER	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
¬ = STATES REPORT DISPROPORTIONATE SHARE HOSPITAL (DSH) FUNDING SOURCE DATA TO HCFA, (NOT IN STATE PLAN)

STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
ACUTE CARE HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	Y	Y	Y	N	N	N*	Y
INPATIENT UTILIZATION	Y	N	N	N	Y	N	N*	N
LOW INCOME UTILIZATION	Y	N	N	N	Y	N	N*	N
OTHER	N	N	N	N	N	Y	Y*	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	Y	N	N	N	N	Y
SECTION 1923 (C)(2)	Y	Y	N	Y	Y	N	N	N
SECTION 1923 (C)(3)	N	N	N	N	N	N	N	N
SECTION 1923 (E)	N	N	N	N	N	N	Y	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	NA	NA	NA	NA	NA	NA
PERCENT	4.00	25.00	4.00	25.00	0.10	8.00	100.00*	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	Y	Y	N	N	N	N	N*	N
PROVIDER TAX	Y	N	N	N	Y	Y	Y*	N
GENERAL TAX	N	N	Y	N	N	N	N*	N
GENERAL REVENUE	N	Y	Y	Y	N	N	N*	Y
OTHER	Y	N	N	N	N	N	N	N
PSYCHIATRIC HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	Y	Y	Y	N	N	Y*	Y
INPATIENT UTILIZATION	N	N	N	N	Y	N	N	N
LOW INCOME UTILIZATION	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	N	Y	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	Y	N	N	N	N*	Y
SECTION 1923 (C)(2)	N	Y	N	Y	Y	N	Y*	N
SECTION 1923 (C)(3)	N	N	N	N	N	N	N*	N
SECTION 1923 (E)	N	N	N	N	N	N	N*	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	$0.00	NA	NA	NA	NA	NA
PERCENT	NA	25.00	4.00	25.00	NA	NA	100.00*	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	Y	N	N	N	N	N*	N
PROVIDER TAX	N	N	N	N	N	N	Y*	N
GENERAL TAX	N	N	Y	N	N	N	N*	N
GENERAL REVENUE	N	Y	Y	Y	Y	N	N*	Y
OTHER	N	N	N	N	N	Y	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
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STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	Y	Y	N	N	N	Y
INPATIENT UTILIZATION	N	N	N	N	N	N	N	N
LOW INCOME UTILIZATION	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	Y	N	N	N	N	Y
SECTION 1923 (C)(2)	N	N	N	Y	N	N	N	N
SECTION 1923 (C)(3)	N	N	N	N	N	N	N	N
SECTION 1923 (E)	N	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	$0.00	NA	NA	NA	NA	NA
PERCENT	NA	NA	4.00	25.00	NA	NA	NA	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N	N	N	N	N	N	N
PROVIDER TAX	N	N	N	N	N	N	N	N
GENERAL TAX	N	N	Y	N	N	N	N	N
GENERAL REVENUE	N	N	Y	Y	N	N	N	Y
OTHER	N	N	N	N	N	N	N	N

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STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
ACUTE CARE HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	Y	N	Y	Y	Y	Y*
INPATIENT UTILIZATION	N	Y	N	Y	N	N	N	N*
LOW INCOME UTILIZATION	N	Y	N	Y	N	N	N	N*
OTHER	Y	Y	N	Y	N	N	Y	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N	N*	N	N	Y	N*
SECTION 1923 (C)(2)	N	Y	N	Y*	N	Y	N	Y*
SECTION 1923 (C)(3)	N	Y	Y	Y*	Y	N	N	N*
SECTION 1923 (E)	Y	N	N	N*	N	N	N	N*
DSH MINIMUM PAYMENT								
AMOUNT $	$0.00	NA	NA	NA	NA	NA	$0.00	NA
PERCENT	0.00	2.50	1.00	0.50*	NA	5.00	1.50	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N*	Y	N	N*	N	N	Y	N*
PROVIDER TAX	Y*	N	N	Y*	N	N	N	N*
GENERAL TAX	N*	N	Y	N*	N	N	N	N*
GENERAL REVENUE	Y*	N	Y	N*	Y	Y	N	N*
OTHER	N	Y	N	N	N	N	N	N
PSYCHIATRIC HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N*	N	Y	N	Y	Y*	Y	Y*
INPATIENT UTILIZATION	Y*	Y	N	N	N	N*	N	N*
LOW INCOME UTILIZATION	Y*	Y	N	N	N	N*	N	N*
OTHER	N	Y	N	N	N	N*	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N*	N	N	N	N	N*	Y	N*
SECTION 1923 (C)(2)	N*	Y	N	N	N	Y*	N	Y*
SECTION 1923 (C)(3)	N*	Y	Y	N	Y	N*	N	N*
SECTION 1923 (E)	Y*	N	N	N	N	N*	N	N*
DSH MINIMUM PAYMENT								
AMOUNT $	$0.00	NA	NA	NA	NA	$0.00*	$0.00	NA
PERCENT	35.00	2.50	1.00	NA	NA	35.00*	1.50*	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N*	Y	N	N	N	N*	N	N*
PROVIDER TAX	N*	N	N	N	N	N*	N	N*
GENERAL TAX	N*	N	Y	N	N	N*	N	N*
GENERAL REVENUE	Y*	N	Y	N	Y	Y*	Y	N*
OTHER	N*	Y	N	N	N	N*	Y*	N

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U = UNAVAILABLE
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STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	N	Y	N	N	Y	Y	N
INPATIENT UTILIZATION	N	N	N	Y	N	N	N	N
LOW INCOME UTILIZATION	N	N	N	Y	N	N	N	N
OTHER	N	N	N	Y	N	N	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	N	N	N	N	N	Y	N
SECTION 1923 (C)(2)	N	N	N	Y	N	Y	N	N
SECTION 1923 (C)(3)	N	N	Y	N	N	N	N	N
SECTION 1923 (E)	N	N	N	N	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	NA	NA	NA	NA	$0.00	NA
PERCENT	NA	NA	1.00	0.50	NA	35.00	0.50	NA
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N	N	N	N	N	N	N
PROVIDER TAX	N	N	N	Y	N	N	N	N
GENERAL TAX	N	N	Y	N	N	N	N	N
GENERAL REVENUE	N	N	Y	N	N	N	Y	N
OTHER	N	N	N	N	N	N	N	N

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STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
ACUTE CARE HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	Y	N	N	N*	N	N*	Y
INPATIENT UTILIZATION	Y	N	Y	N	Y*	Y	Y*	N
LOW INCOME UTILIZATION	Y	N	Y	N	Y*	N	N*	N
OTHER	Y	N	Y	Y	Y*	N	Y*	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	Y	N	N	N*	Y	N*	N
SECTION 1923 (C)(2)	Y	N	Y	N	N	N	N*	Y
SECTION 1923 (C)(3)	N	N	N	N	N	N	Y*	N
SECTION 1923 (E)	N	N	N	N	Y*	N	N*	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	NA	NA	NA	NA	$0.00*	NA
PERCENT	45.00	1.00	2.00	NA	4.00*	NA	8.00*	25.00
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	Y	N	N	N	Y	N	N*	N
PROVIDER TAX	N	N	N	Y	Y	Y	N*	N
GENERAL TAX	N	Y	N	N	Y	N	N*	N
GENERAL REVENUE	N	Y	Y	N	Y	N	Y*	Y
OTHER	Y	N	Y	Y	N	N	N	N
PSYCHIATRIC HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	Y	N	N	N*	N*	N	Y
INPATIENT UTILIZATION	Y	N	Y	N	Y*	N*	Y	N
LOW INCOME UTILIZATION	Y	N	Y	N	Y*	N*	N	N
OTHER	Y	N	Y	Y	N	Y*	N	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	Y	N	N	Y	Y	N	N
SECTION 1923 (C)(2)	Y	N	Y	N	N	N	N	Y
SECTION 1923 (C)(3)	N	N	N	N	N	N	Y	N
SECTION 1923 (E)	N	N	N	Y	N	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	NA	NA	NA	NA	NA	NA
PERCENT	45.00	1.00	1.00	NA	1.00	NA	8.00	25.00
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	Y	N	N	N	N	N	N	N
PROVIDER TAX	N	N	N	Y	N	N	N	N
GENERAL TAX	N	Y	N	N	Y	N	N	N
GENERAL REVENUE	N	Y	Y	N	Y	N	Y	Y
OTHER	Y	N	Y	Y	N	N	N	N

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STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
OTHER HOSPITAL								
DSH DEFINITION								
FEDERAL DEFINITION	N	Y	N	N	N*	N	N	Y
INPATIENT UTILIZATION	N	N	N	N	Y*	N	Y	N
LOW INCOME UTILIZATION	N	N	N	N	Y*	N	N	N
OTHER	N	N	N	N	N	N	Y	N
DSH PAYMENT ADJUST. METHOD								
SECTION 1923 (C)(1)	N	Y	N	N	N*	N	N	N
SECTION 1923 (C)(2)	N	N	N	N	N	N	N	Y
SECTION 1923 (C)(3)	N	N	N	N	N	N	Y	N
SECTION 1923 (E)	N	N	N	N	Y*	N	N	N
DSH MINIMUM PAYMENT								
AMOUNT $	NA	NA	NA	NA	NA	NA	$0.00	NA
PERCENT	NA	1.00	NA	NA	1.00	NA	8.00	25.00
DSH FUNDING SOURCE ¬								
PROVIDER DONATION	N	N	N	N	N	N	N	N
PROVIDER TAX	N	N	N	N	N	N	N	N
GENERAL TAX	N	Y	N	N	Y	N	N	N
GENERAL REVENUE	N	Y	N	N	Y	N	Y	Y
OTHER	N	N	N	N	N	N	N	N

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STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
ACUTE CARE HOSPITAL			
DSH DEFINITION			
FEDERAL DEFINITION	N	Y*	Y
INPATIENT UTILIZATION	N	N*	N
LOW INCOME UTILIZATION	Y	N*	N
OTHER	N	N	N
DSH PAYMENT ADJUST. METHOD			
SECTION 1923 (C)(1)	Y	Y*	N
SECTION 1923 (C)(2)	N	N*	Y
SECTION 1923 (C)(3)	N	N*	N
SECTION 1923 (E)	N	N*	N
DSH MINIMUM PAYMENT			
AMOUNT $	NA	NA	NA
PERCENT	5.00	2.00*	1.00
DSH FUNDING SOURCE ¬			
PROVIDER DONATION	N	N*	N
PROVIDER TAX	N	N*	N
GENERAL TAX	N	N*	N
GENERAL REVENUE	N	Y*	Y
OTHER	N	N	N
PSYCHIATRIC HOSPITAL			
DSH DEFINITION			
FEDERAL DEFINITION	N	Y	Y
INPATIENT UTILIZATION	N	N	N
LOW INCOME UTILIZATION	N	N	N
OTHER	N	N	N
DSH PAYMENT ADJUST. METHOD			
SECTION 1923 (C)(1)	N	Y	N
SECTION 1923 (C)(2)	N	N	Y
SECTION 1923 (C)(3)	N	N	N
SECTION 1923 (E)	N	N	N
DSH MINIMUM PAYMENT			
AMOUNT $	NA	NA	NA
PERCENT	NA	4.50	1.00
DSH FUNDING SOURCE ¬			
PROVIDER DONATION	N	N	N
PROVIDER TAX	N	N	N
GENERAL TAX	N	N	N
GENERAL REVENUE	N	Y	Y
OTHER	N	N	N

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STATES WITH DISPROPORTIONATE SHARE HOSPITAL PROVISIONS AND SOURCE OF FUNDING
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
OTHER HOSPITAL			
DSH DEFINITION			
FEDERAL DEFINITION	N	Y	N
INPATIENT UTILIZATION	N	N	N
LOW INCOME UTILIZATION	N	N	N
OTHER	N	N	N
DSH PAYMENT ADJUST. METHOD			
SECTION 1923 (C)(1)	N	Y	N
SECTION 1923 (C)(2)	N	N	N
SECTION 1923 (C)(3)	N	N	N
SECTION 1923 (E)	N	N	N
DSH MINIMUM PAYMENT			
AMOUNT $	NA	NA	NA
PERCENT	NA	2.00	NA
DSH FUNDING SOURCE ¬			
PROVIDER DONATION	N	N	N
PROVIDER TAX	N	N	N
GENERAL TAX	N	N	N
GENERAL REVENUE	N	Y	N
OTHER	N	N	N

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STATES WITH DONATIONS AND TAXES PROGRAMS FOR INSTITUTIONAL SERVICES
BY TYPE OF FACILITY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	-AL-	-AR-	-CA-	-CO-	-FL-	-GA-	-HI-	-IL-	-IN-	-KY-	-LA-	-ME-	-MD-	-MA-	-MI-	-MN-
ACUTE CARE HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	Y	Y	N	Y	N	N	N	N*	Y*	N	N	N	Y*	N*
TAXES	Y	Y	Y	N	Y	N	N	Y	Y	Y*	N*	N	N	N	N*	Y*
USE OF PROCEEDS																
DSH PAYMENTS	Y	Y	Y	Y	Y	N	Y	Y	Y	Y*	Y*	N	N	Y	Y*	N*
MEDICAID EXPANSION	Y	Y	N	N	Y	N	U	N	Y	Y*	N	N	N	N	N*	Y*
OTHER MEDICAID	Y	Y	Y	N	Y	N	U	Y	Y	Y*	N	N	Y	N	N*	Y*
NON-MEDICAID	N	N	N	N	N	N	U	N	Y	N*	N	N	N	N	N*	N*
PSYCHIATRIC HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	Y	N	N	N	N	N	N*	N	N	N	N	N	N
TAXES	Y	Y*	N	N	Y	N	N	Y	N	Y*	N	Y	N	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	Y	Y*	N	Y	Y	N	N	Y	Y	Y*	N	Y	N	Y	N	N
MEDICAID EXPANSION	Y	Y*	N	N	Y	N	N	N	Y	Y*	N	N	N	N	N	N
OTHER MEDICAID	Y	Y*	N	N	Y	N	N	Y	Y	Y*	N	N	Y	N	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	Y	N*	N	N	N	N	N	N
OTHER HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	Y	N	N	N	N	N	N*	N	N	N	N	N	N
TAXES	N	Y*	N	N	Y	N	N	Y	N	Y*	N	N	N	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	Y*	N	Y	Y	N	N	Y	N	Y*	N	N	N	Y	N	N
MEDICAID EXPANSION	N	Y*	N	N	Y	N	N	N	N	Y*	N	N	N	N	N	N
OTHER MEDICAID	N	Y*	N	N	Y	N	N	Y	N	Y*	N	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N*	N	N	N	N	N	N
NURSING FACILITIES																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TAXES	Y	Y	N	N	Y	N	N	Y	N	Y	N	N	Y	N	N	Y
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N
MEDICAID EXPANSION	Y	Y	N	N	Y	N	N	N	N	Y	N	N	N	N	N	Y
OTHER MEDICAID	Y	N	N	N	Y	N	N	Y	N	Y	N	N	Y	N	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
INTERMEDIATE CARE FACILITY/MENTALLY RETARDED																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TAXES	N	Y	N	N	Y	N	N	Y	N	Y	N	N	N	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N
MEDICAID EXPANSION	N	Y	N	N	Y	N	N	N	N	Y	N	N	N	N	N	N
OTHER MEDICAID	N	N	N	N	Y	N	N	Y	N	Y	N	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH DONATIONS AND TAXES PROGRAMS ARE PRESENTED
NOTE: STATES REPORT INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA (NOT IN STATE PLAN)

STATES WITH DONATIONS AND TAXES PROGRAMS FOR INSTITUTIONAL SERVICES
BY TYPE OF FACILITY
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	-MS-	-MO-	-MT-	-NV-	-NH-	-NJ-	-NY-	-NC-	-OH-	-PA-	-SC-	-TN-	-TX-	-UT-	-VT-	-WI-
ACUTE CARE HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	Y	Y	N	N	N	N*	N	Y	N*	Y	Y	N	N	Y	N	N*
TAXES	Y	N	N	Y	Y	Y*	Y*	N	Y*	N	Y	Y	Y	N	Y	N*
USE OF PROCEEDS																
DSH PAYMENTS	Y	Y	N	Y	Y	Y*	Y*	Y	Y*	Y	Y	Y	Y	N	Y	N*
MEDICAID EXPANSION	Y	Y	N	N	Y	N*	N	Y	N*	Y	Y	Y	N	Y	Y	N*
OTHER MEDICAID	Y	Y	N	N	N	N*	Y	Y	N	N	N	Y	N	N	N	N*
NON-MEDICAID	N	Y	N	N	N	N*	Y	N	Y*	N	N	Y	N	N	N	N*
PSYCHIATRIC HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	Y	N	N	N	N*	N*	Y	N	N	Y	N	Y	Y	N	N
TAXES	N	N	N	N	N	Y*	N*	N	N	N	N	Y	Y	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	Y	N	N	N	Y*	Y*	Y	N	N	Y	Y	Y	Y*	N	N
MEDICAID EXPANSION	N	Y	N	N	N	N	N*	Y	N	N	N	Y	N	Y	N	N
OTHER MEDICAID	N	Y	N	N	N	N	N*	Y	N	N	N	Y	Y	N	N	N
NON-MEDICAID	N	Y	N	N	N	N	Y*	N	N	N	N	Y	N	N	N	N
OTHER HOSPITAL																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N
TAXES	N	N	N	N	N	N	Y	N	Y	N	N	N	N	N	N	N
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	N
MEDICAID EXPANSION	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	N	N
OTHER MEDICAID	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
NON-MEDICAID	N	N	N	N	N	N	Y	N	Y	N	N	N	N	N	N	N
NURSING FACILITIES																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N*	U*	N	N	N	N	N	Y	N	N	N	N	N	Y*
TAXES	Y	N	Y*	U*	N	N	Y	N	N	N	N	N	N	N	N	N*
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N*	U*	N	N	N	N	N	Y	N	N	N	N	N	N
MEDICAID EXPANSION	Y	N	Y*	U*	N	N	N	N	N	N	N	N	N	N	N	N
OTHER MEDICAID	Y	N	N*	U*	N	N	N	N	N	N	N	N	N	N	N	N
NON-MEDICAID	N	N	Y*	U*	N	N	N	N	N	N	N	N	N	N	N	Y*
INTERMEDIATE CARE FACILITY/MENTALLY RETARDED																
TYPE OF DONATION AND TAX PROGRAMS																
DONATIONS	N	N	N*	N	N	N	N	Y	N	N	N	N	N	N	N	Y*
TAXES	Y	N	N*	N	N	N	N	N	N	N	N	N	N	N	N	N*
USE OF PROCEEDS																
DSH PAYMENTS	N	N	N*	N	N	N	N	Y	N	N	N	N	N	N	N	N
MEDICAID EXPANSION	Y	N	N*	N	N	N	N	Y	N	N	N	N	N	N	N	N
OTHER MEDICAID	N	N	N*	N	N	N	N	Y	N	N	N	N	N	N	N	N
NON-MEDICAID	N	N	N*	N	N	N	Y	N	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: ONLY STATES WITH DONATIONS AND TAXES PROGRAMS ARE PRESENTED
NOTE: STATES REPORT INFORMATION ON DONATIONS AND TAXES PROGRAMS TO HCFA (NOT IN STATE PLAN)

PAYMENT FOR ACUTE CARE HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$546.31	NA	NA	$633.42	$2185.00	$3853.35*	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	0101	0701	NA	07011984	0701	07011991*	NA	0701
METHOD OF PAYMENT-								
PROSPECTIVE	N	Y	N	N	Y	Y	N	Y
RETROSPECTIVE	N	N	N	Y	Y	N	Y	Y
OTHER	N	N	N	N	Y	N	N	Y
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	Y	N	N
ALL INCLUSIVE PER DIEM	Y	N	N	N	Y	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N	N
PER DISCHARGE	N	N	N	N	Y	N	Y	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	Y	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	Y	N	Y
TREND INDEX-								
DRI NATIONAL	N	Y	N	N	N	N	N	N
DRI REGIONAL	Y	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	Y	Y	Y	N	Y
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	N	N	Y	Y
PER DIEM	Y	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	Y	Y
RESERVED BED DAYS	N	N	N	Y	U	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	N	N
PEER GROUP	N	N	N	Y	Y	N*	N	N
HIGH/LOW COST	N	N	N	N	Y	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	Y

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PAYMENT FOR ACUTE CARE HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$643.00*	$3075.00*	$579.00	NA	$690.80	$911.20	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	1228 *	0101 *	0701	0701	0701	0701	0701	NA
METHOD OF PAYMENT-								
PROSPECTIVE	N*	Y	Y	Y	N	Y	N	N
RETROSPECTIVE	Y*	N	Y	N	Y	N	Y	N
OTHER	Y*	N	N	N	N	Y	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N*	N	N	N	N	Y	N	N
ALL INCLUSIVE PER DIEM	N*	Y	N	N	Y	N	N	N
PER DIEM PLUS ADDITIONS	Y*	N	N	N	N	Y	N	N
PER DISCHARGE	Y*	N	N	Y	N	Y	N	N
PER CASE	Y*	N	N	N	N	N	N	N
PER ADMISSION	N*	N	Y	N	N	N	N	N
CASE MIX PER DIEM	N*	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
TREND INDEX-								
DRI NATIONAL	N*	N	Y	Y	N	Y	N	N
DRI REGIONAL	N*	N	N	N	N	N	N	N
HCFA MARKET BASKET	N*	N	N	N	Y	N	Y	N
CONSUMER PRICE INDEX	N*	N	N	N	N	N	N	N
OTHER	Y*	Y	N	N	N	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	U*	N	Y	Y	N	Y	N	N
PER DIEM	N*	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	Y	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N*	N	N	Y	Y	N	N	N
RESERVED BED DAYS	N*	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y*	Y	N	N	N	N	N	N
PEER GROUP	N*	Y	N	Y	N	Y	N	N
HIGH/LOW COST	N*	N	N	N	N	N	N	N
NUMBER OF BEDS	Y*	N	N	N	N	N	N	N
STATE OWNED	Y*	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR ACUTE CARE HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2637.00*	$520.44*	NA	$2821.00	NA	NA	NA	$4054.00*
RATE YEAR-								
BEGINS(MMDDYYYY)	07011991	0701 *	0701	0701	0701	NA	1001 *	0701
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y*	Y	N	N	N	Y*	Y
RETROSPECTIVE	N	N*	Y	N	N	Y	N*	N
OTHER	N	N*	Y	Y	Y	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	Y	N*	N	N	N	N	Y*	Y*
ALL INCLUSIVE PER DIEM	N	Y*	N*	N	N	N	N*	N
PER DIEM PLUS ADDITIONS	N	N*	N	N	Y	N	N*	N
PER DISCHARGE	N	N*	Y	N	N	N	N*	N
PER CASE	N	N*	N	N	N	N	N*	N
PER ADMISSION	N	N*	N	N	N	N	N*	N
CASE MIX PER DIEM	N	N*	N	N	N	N	N*	N
OTHER	N	N	Y*	Y	Y	Y	Y*	N
TREND INDEX-								
DRI NATIONAL	N	N*	N	N	N	Y	Y	Y
DRI REGIONAL	N	Y*	N	N	N	N	N	N
HCFA MARKET BASKET	N	N*	Y	N	N	N	N	N
CONSUMER PRICE INDEX	Y	N*	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	Y	Y*	Y	Y	N	Y	Y	Y
PER DIEM	N	Y*	N	N	N	N	N	N
OTHER	N	N	N	N	Y	Y	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	Y*	N	Y	Y	Y	N	N
RESERVED BED DAYS	N	Y*	N	Y	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N*	Y*	N	N	N	N	Y
PEER GROUP	Y	Y*	N	N	N	N	N	N
HIGH/LOW COST	N	N*	N	N	N	N	N	N
NUMBER OF BEDS	Y	N*	Y*	N	N	N	N	N
STATE OWNED	N	N*	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N

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PAYMENT FOR ACUTE CARE HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$422.43	$478.47	$1471.31	$607.54	$4336.00	$3364.00	$2964.00*	$2106.00
RATE YEAR-								
BEGINS(MMDDYYYY)	0701	07011991	07011991	07011991	0701	0701	0101 *	1001
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y	Y	Y	Y	Y	Y*	Y
RETROSPECTIVE	N	N	N	N	N	N	N*	Y
OTHER	N	N	N	N	N	N	N	Y
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	Y	N	N	Y	Y*	Y
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	N	N	N
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	N	N	Y
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	Y
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	Y*
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	Y	Y	Y	N	N	Y
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	Y	Y*	Y
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	Y	Y	Y*	Y
PER DIEM	N	N	N	N	N	N	N*	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	Y*	N
RESERVED BED DAYS	N	N	N	N	N	N	N*	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	Y	N	N	N	Y	N
PEER GROUP	N	N	N	N	N	N	Y*	Y
HIGH/LOW COST	N	N	N	N	Y	N	N	N
NUMBER OF BEDS	Y	N	Y	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	Y	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR ACUTE CARE HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$5578.10*	$354.00	$1709.68	$6560.00*	$479.42*	$2220.00	$0.00	$0.00
RATE YEAR-								
BEGINS(MMDDYYYY)	0101 *	0101	07011991	0701	0701	0408	0701	1001
METHOD OF PAYMENT-								
PROSPECTIVE	Y*	N	Y	Y*	Y	Y	Y	Y
RETROSPECTIVE	N	N	N	Y*	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	Y*	N	Y	Y*	N	Y	Y	N
ALL INCLUSIVE PER DIEM	N	Y	N	N*	N*	N	N	N
PER DIEM PLUS ADDITIONS	N	N	N	N*	Y*	N	N	N
PER DISCHARGE	N	N	N	Y*	N	N	N	N
PER CASE	N	N	N	N*	N	N	N	N
PER ADMISSION	N	N	N	N*	N	N	N	N
CASE MIX PER DIEM	N	N	N	N*	N	N	N	N
OTHER	N	N	N	N	N	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	Y*	Y*	N	N	N
DRI REGIONAL	N	N	N	Y*	N	Y	N	N
HCFA MARKET BASKET	N	Y	Y	N*	Y*	N	Y	N
CONSUMER PRICE INDEX	N	N	N	Y*	N	N	N	N
OTHER	Y	Y	N	Y*	Y*	N	N	Y
ANCILLARY SERVICES-								
INCLUDED	Y	Y	N	Y*	Y	Y	Y	Y
PER DIEM	N	Y	N	N*	N	N	N	N
OTHER	N	Y	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	Y	Y	N	N*	N	N	N	Y
RESERVED BED DAYS	N	N	N	N*	N	N	N	Y
OTHER	N	Y	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	Y*	N	N	N	N
PEER GROUP	Y	Y	Y	Y*	Y*	N	N	N
HIGH/LOW COST	N	N	N	Y*	N	N	N	N
NUMBER OF BEDS	Y	N	N	Y*	N	N	N	N
STATE OWNED	Y	Y	N	N*	N	N	N	N
OTHER	Y	N	N	Y*	N	N	N	N

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PAYMENT FOR ACUTE CARE HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2533.79	$2902.24	$1711.26	$2374.81	$884.00*	$0.00*	$0.00	$2072.00
RATE YEAR-								
BEGINS(MMDDYYYY)	0701	10011991	0701	0901	07011990*	0101 *	0701 *	0401
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y	Y	Y	Y	Y	Y	Y
RETROSPECTIVE	Y	Y	Y	Y	N	N	N	N
OTHER	N	N	N	Y	N	N	Y	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	Y	Y	N	Y	Y	N	N*	Y
ALL INCLUSIVE PER DIEM	N	N	Y	N	N	Y	Y*	N
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	N	N*	N
PER DISCHARGE	Y	N	N	N	Y	N	N*	N
PER CASE	N	N	N	N	N	N	N*	N
PER ADMISSION	N	N	N	N	N	N	N*	N
CASE MIX PER DIEM	N	N	N	N	N	N	N*	N
OTHER	Y	Y	N	Y	Y	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N*	N
DRI REGIONAL	N	N	N	N	N	N	Y*	N
HCFA MARKET BASKET	N	N	N	N	N*	N	Y*	Y
CONSUMER PRICE INDEX	N	N	N	Y	N	N	N*	N
OTHER	Y	Y	Y	Y	N	Y	N	N
ANCILLARY SERVICES-								
INCLUDED	Y	N	Y	Y	Y	Y	Y*	Y
PER DIEM	N	N	N	N	N	Y	N*	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N*	N	N*	N
RESERVED BED DAYS	N	N	N	N	N	N	N*	N
OTHER	Y	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	Y	N	Y*	N
PEER GROUP	N	Y	N	N	N	N	Y*	Y
HIGH/LOW COST	N	N	N	Y	N	N	N*	N
NUMBER OF BEDS	N	N	N	Y	N	N	Y*	N
STATE OWNED	N	N	N	N	N	N	N*	N
OTHER	Y	N	N	Y	N	N	N	N

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PAYMENT FOR ACUTE CARE HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
RATE INFORMATION-			
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$3214.00*	$2056.06
RATE YEAR-			
BEGINS(MMDDYYYY)	0701	0701 *	07011991
METHOD OF PAYMENT-			
PROSPECTIVE	N	Y*	N
RETROSPECTIVE	Y	N*	Y
OTHER	N	N	N
UNIT OF PAYMENT-			
DIAGNOSIS RELATED GROUP	N	Y*	N
ALL INCLUSIVE PER DIEM	N	N*	N
PER DIEM PLUS ADDITIONS	N	N*	N
PER DISCHARGE	N	Y*	Y
PER CASE	N	N*	N
PER ADMISSION	N	N*	N
CASE MIX PER DIEM	N	N*	N
OTHER	Y	N	N
TREND INDEX-			
DRI NATIONAL	N	N*	N
DRI REGIONAL	N	N*	N
HCFA MARKET BASKET	N	Y*	N
CONSUMER PRICE INDEX	N	N*	N
OTHER	Y	N	Y
ANCILLARY SERVICES-			
INCLUDED	Y	N*	Y
PER DIEM	N	N*	N
OTHER	N	N	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	Y	N*	Y
RESERVED BED DAYS	N	N*	N
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	N	N*	N
PEER GROUP	N	N*	N
HIGH/LOW COST	N	N*	N
NUMBER OF BEDS	N	N*	N
STATE OWNED	N	N*	N
OTHER	Y	N	N

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PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$385.36	NA	NA	$320.00*	$630.79*	$471.77*	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	0101	0701	NA	07011984	0701	07011991*	NA	1001 *
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y	N	Y	Y	Y	N	Y*
RETROSPECTIVE	N	N	N	N	N	N	Y	N*
OTHER	N	N	N	Y	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N	N*
ALL INCLUSIVE PER DIEM	N	N	N	Y	N	Y	N	Y*
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	N	N	N*
PER DISCHARGE	N	N	N	N	N	N	Y	N*
PER CASE	N	N	N	N	N	N	N	N*
PER ADMISSION	N	Y	N	N	N	N	N	N*
CASE MIX PER DIEM	N	N	N	N	N	N	N	N*
OTHER	N	N	N	N	Y	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	Y	N	N*	N	N	N	N*
DRI REGIONAL	Y	N	N	N*	N	N	N	N*
HCFA MARKET BASKET	N	N	N	N*	N	Y	N	N*
CONSUMER PRICE INDEX	N	N	N	Y*	N	N	N	N*
OTHER	N	N	N	Y	Y	N	N	Y*
ANCILLARY SERVICES-								
INCLUDED	Y	Y	N	Y	N	N	Y	Y*
PER DIEM	Y	N	N	N	N	N	N	N*
OTHER	N	N	N	N	N	N	Y	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	Y	N	N	N	Y	N*	Y	Y*
RESERVED BED DAYS	Y	N	N	Y	U	N	N	Y*
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	N	N*
PEER GROUP	N	N	N	N	N	Y*	N	N*
HIGH/LOW COST	N	N	N	N	N	N	N	N*
NUMBER OF BEDS	Y	N	N	N	N	N	N	N*
STATE OWNED	N	N	N	N	N	N	N	Y*
OTHER	N	N	N	N	Y	Y	N	N

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	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$643.06*	NA	NA	NA	$690.80	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	1228 *	0101 *	NA	NA	0701	0701	0701	NA
METHOD OF PAYMENT-								
PROSPECTIVE	N*	Y	N	N	N	Y	N	N
RETROSPECTIVE	Y*	N	N	N	Y	N	Y	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N*	N	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	N*	Y	N	N	Y	N	N	N
PER DIEM PLUS ADDITIONS	Y*	N	N	N	N	Y	N	N
PER DISCHARGE	N*	N	N	N	N	N	N	N
PER CASE	N*	N	N	N	N	N	N	N
PER ADMISSION	N*	N	N	N	N	N	N	N
CASE MIX PER DIEM	N*	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
TREND INDEX-								
DRI NATIONAL	N*	N	N	N	N	Y	N	N
DRI REGIONAL	N*	N	N	N	N	N	N	N
HCFA MARKET BASKET	N*	N	N	N	Y	N	Y	N
CONSUMER PRICE INDEX	N*	N	N	N	N	N	N	N
OTHER	Y*	Y	N	N	N	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	U*	N	N	N	N	Y	N	N
PER DIEM	N*	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N*	N	N	N	Y	N	N	N
RESERVED BED DAYS	N*	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y*	Y	N	N	N	N	N	N
PEER GROUP	N*	Y	N	N	N	Y	N	N
HIGH/LOW COST	N*	N	N	N	N	N	N	N
NUMBER OF BEDS	Y*	N	N	N	N	N	N	N
STATE OWNED	Y*	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$2637.00*	$346.86*	NA	$2821.00	NA	$227.00	$285.00*	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	07011991	0101 *	0701	0701	0701	1001	0701 *	0701
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y*	Y	N	N	N	Y*	N
RETROSPECTIVE	N	N*	N	N	Y	Y	Y*	Y
OTHER	N	N	N	Y	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	Y	N*	N	N	N	N	N*	N
ALL INCLUSIVE PER DIEM	N	Y*	Y	N	Y	N	N*	Y
PER DIEM PLUS ADDITIONS	N	N*	N	N	N	N	Y*	N
PER DISCHARGE	N	N*	N	N	N	N	N*	N
PER CASE	N	N*	N	N	N	N	N*	N
PER ADMISSION	N	N*	N	N	N	N	N*	N
CASE MIX PER DIEM	N	N*	N	N	N	N	Y*	N
OTHER	N	N	N	Y	N	Y	N	N
TREND INDEX-								
DRI NATIONAL	N	N*	N	N	N	Y	N	N
DRI REGIONAL	N	Y*	N	N	N	N	N	N
HCFA MARKET BASKET	N	N*	Y	N	N	N	N	N
CONSUMER PRICE INDEX	Y	N*	N	N	N	N	N	N
OTHER	N	N	N	Y	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	Y	Y*	Y	Y	Y	Y	Y	Y
PER DIEM	N	Y*	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	Y*	N	Y	Y	Y	N	N
RESERVED BED DAYS	N	Y*	N	Y	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N*	N	N	N	N	N	N
PEER GROUP	Y	Y*	N	N	N	N	N	N
HIGH/LOW COST	N	N*	N	N	N	N	N	N
NUMBER OF BEDS	Y	N*	N	N	N	N	N	N
STATE OWNED	N	N*	N	N	N	N	Y	Y
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$277.00	$312.92	$400.72	$95.56	NA	$236.50*	$2106.00
RATE YEAR-								
BEGINS(MMDDYYYY)	NA	07011991	07011991	07011991	0701	NA	01011992	1001
METHOD OF PAYMENT-								
PROSPECTIVE	N	Y	N	Y	N	Y	Y	Y
RETROSPECTIVE	N	N	Y	N	Y	N	N	N
OTHER	N	N	N	N	N	N	N	Y
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	Y	N	Y
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N	N
PER DISCHARGE	N	N	Y	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	Y
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	Y	N
HCFA MARKET BASKET	N	N	N	Y	N	N	N	Y
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	N	Y	N	N	N	Y	Y	Y*
ANCILLARY SERVICES-								
INCLUDED	N	Y	Y	Y	Y	Y	Y	Y
PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	Y	N
RESERVED BED DAYS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	N	N
PEER GROUP	N	N	N	N	N	N	Y	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	Y	N
OTHER	N	N	N	N	Y	N	N	N

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PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$5201.25*	$330.31	$203.34	NA	$336.53*	NA	$0.00	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	0401	0101	07011991	NA	0701	0101 *	0701	1001
METHOD OF PAYMENT-								
PROSPECTIVE	Y*	Y	N	N	Y	N*	N	Y
RETROSPECTIVE	N	Y	Y	N	N	Y*	Y	N
OTHER	N	N	N	N	N	N*	Y	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N*	N	N
ALL INCLUSIVE PER DIEM	Y	Y	N	N	N*	Y*	Y	N
PER DIEM PLUS ADDITIONS	N	N	Y	N	Y*	N*	N	N
PER DISCHARGE	N	N	N	N	N	N*	N	N
PER CASE	N	N	N	N	N	N*	N	N
PER ADMISSION	N	N	N	N	N	N*	N	N
CASE MIX PER DIEM	N	N	N	N	Y*	N*	N	N
OTHER	N	N	N	N	N	N*	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	Y*	N*	N	N
DRI REGIONAL	N	N	N	N	N	N*	N	N
HCFA MARKET BASKET	N	Y	N	N	Y*	Y*	Y	N
CONSUMER PRICE INDEX	N	N	N	N	N	N*	N	N
OTHER	Y	Y	N	N	Y*	N*	N	Y
ANCILLARY SERVICES-								
INCLUDED	Y	Y	N	N	Y	Y*	Y	Y
PER DIEM	N	Y	N	N	N	N*	N	N
OTHER	N	Y	N	N	N	N*	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	Y	N	N	N	N	N*	N	Y
RESERVED BED DAYS	N	N	N	N	N	N*	N	Y
OTHER	N	N	N	N	N	N*	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N*	N	N
PEER GROUP	N	Y	N	N	Y*	N*	N	N
HIGH/LOW COST	N	N	N	N	N	N*	N	N
NUMBER OF BEDS	N	N	N	N	N	N*	N	N
STATE OWNED	Y	Y	Y	N	N	N*	Y	N
OTHER	N	N	N	N	N	N*	N	N

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PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$278.46	$435.00	$282.02*	NA	$128.00	NA	$200.16	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	0701	07011991	0701	0901	07011991	0701	0701	0701
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y	Y	Y	N	N	N	Y
RETROSPECTIVE	Y	N	Y	Y	Y	Y	Y	N
OTHER	N	N	N	Y	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	Y	N	N	N	Y
ALL INCLUSIVE PER DIEM	N	Y	Y	N	Y	Y	Y	N
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	N	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	Y	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	Y	N	N	N	N
OTHER	Y	Y	Y	Y	N	Y	N	N
ANCILLARY SERVICES-								
INCLUDED	Y	N	Y	Y	Y	Y	Y	Y
PER DIEM	N	N	N	N	N	Y	N	N
OTHER	Y	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	N	N
PEER GROUP	N	Y	N	N	N	N	N	Y
HIGH/LOW COST	N	N	N	Y	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	N	N
STATE OWNED	N	N	N	Y	Y	N	N	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR PSYCHIATRIC HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
RATE INFORMATION-			
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	$303.00
RATE YEAR-			
BEGINS(MMDDYYYY)	0701	0701	07011991
METHOD OF PAYMENT-			
PROSPECTIVE	N	Y	Y
RETROSPECTIVE	Y	N	N
OTHER	N	N	N
UNIT OF PAYMENT-			
DIAGNOSIS RELATED GROUP	N	Y	N
ALL INCLUSIVE PER DIEM	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N
PER DISCHARGE	N	N	N
PER CASE	N	N	N
PER ADMISSION	N	N	N
CASE MIX PER DIEM	N	N	N
OTHER	Y	N	N
TREND INDEX-			
DRI NATIONAL	N	Y*	N
DRI REGIONAL	N	U*	N
HCFA MARKET BASKET	N	Y*	N
CONSUMER PRICE INDEX	N	N*	N
OTHER	Y	N	N
ANCILLARY SERVICES-			
INCLUDED	Y	N	Y
PER DIEM	N	N	N
OTHER	N	N	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	Y	N	Y
RESERVED BED DAYS	N	N	N
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	N	N	N
PEER GROUP	N	N	N
HIGH/LOW COST	N	N	N
NUMBER OF BEDS	N	N	N
STATE OWNED	N	N	Y
OTHER	Y	N	N

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PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA	$350.00*	NA	$941.24*	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	0701	0701	NA	0701	0701	07011991*	NA	0701
METHOD OF PAYMENT-								
PROSPECTIVE	Y	Y	N	Y	N	Y	N	N
RETROSPECTIVE	N	N	N	N	Y	N	Y	N
OTHER	N	N	N	N	Y	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	Y	N	N	Y	N	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	Y	N	N
PER DISCHARGE	N	N	N	N	Y	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	Y	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	Y	N	N*	N	N	N	N
DRI REGIONAL	Y	N	N	N*	N	N	N	N
HCFA MARKET BASKET	N	N	N	N*	N	Y	N	N
CONSUMER PRICE INDEX	N	N	N	Y*	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	U	N	Y	N
PER DIEM	Y	N	N	N	U	N	Y	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	N	N
RESERVED BED DAYS	N	N	N	Y	U	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	N	N
PEER GROUP	Y	N	N	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	N	Y	N	N

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PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$643.06*	NA	NA	NA	$690.80	NA	$3063.00
RATE YEAR-								
BEGINS(MMDDYYYY)	1001	0101 *	NA	NA	0701	0701	0701	07011991
METHOD OF PAYMENT-								
PROSPECTIVE	N	Y	N	N	N	Y	N	Y
RETROSPECTIVE	Y	N	N	N	Y	Y	Y	N
OTHER	N	N	N	N	N	Y	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N	Y
ALL INCLUSIVE PER DIEM	N	Y	N	N	Y	N	N	N
PER DIEM PLUS ADDITIONS	Y	N	N	N	N	Y	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	Y	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	Y	N	Y	N
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	Y	Y	N	N	N	N	Y	Y
ANCILLARY SERVICES-								
INCLUDED	U	N	N	N	N	Y	Y	Y
PER DIEM	U	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	Y	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	N	N
PEER GROUP	N	Y	N	N	N	Y	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$323.16	$520.44*	NA	NA	NA	$227.00	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	07011991	0701 *	0701	NA	0701	1001	1001	NA
METHOD OF PAYMENT-								
PROSPECTIVE	N	Y*	Y	N	N	N	Y	N
RETROSPECTIVE	N	N*	N	N	Y	Y	Y	N
OTHER	Y	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N*	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	N	Y*	Y	N	Y	N	N	N
PER DIEM PLUS ADDITIONS	N	N*	N	N	N	N	Y	N
PER DISCHARGE	N	N*	Y	N	N	N	N	N
PER CASE	Y	N*	N	N	N	N	N	N
PER ADMISSION	N	N*	N	N	N	N	N	N
CASE MIX PER DIEM	N	N*	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N*	N	N	N	Y	N	N
DRI REGIONAL	N	Y*	N	N	N	N	N	N
HCFA MARKET BASKET	N	N*	Y	N	N	N	N	N
CONSUMER PRICE INDEX	N	N*	N	N	N	N	N	N
OTHER	Y	N	N	N	N	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y*	Y	N	Y	Y	N	N
PER DIEM	N	Y*	N	N	N	N	N	N
OTHER	N	N	N	N	N	Y	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	Y*	N	N	Y	Y	N	N
RESERVED BED DAYS	N	Y*	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N*	N	N	N	N	N	N
PEER GROUP	Y	Y*	N	N	N	N	N	N
HIGH/LOW COST	N	Y*	N	N	N	N	N	N
NUMBER OF BEDS	Y	N*	N	N	N	N	N	N
STATE OWNED	N	N*	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	N

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PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	$832.23	$268.05	NA	NA	NA	$2106.00
RATE YEAR-								
BEGINS(MMDDYYYY)	NA	NA	07011991	07011991	NA	NA	01011992	1001
METHOD OF PAYMENT-								
PROSPECTIVE	N	N	N	Y	N	N	N	N
RETROSPECTIVE	N	N	Y	N	N	N	Y	Y
OTHER	N	N	N	N	N	N	N	Y
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	N	N	N	Y	N	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N	N
PER DISCHARGE	N	N	Y	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	Y
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	Y	Y	N	N	N	Y
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	Y	Y*
ANCILLARY SERVICES-								
INCLUDED	N	N	N	Y	N	N	Y	Y
PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	N	N
PEER GROUP	N	N	N	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	N	N
OTHER	N	N	Y	N	N	N	N	N

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PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$217.02*	NA	$215.25	NA	NA	NA	$0.00	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	0701 *	0701	07011991	0701	NA	0401	0701	NA
METHOD OF PAYMENT-								
PROSPECTIVE	Y	N	N	N	N	N	N	N
RETROSPECTIVE	N	N	Y	Y	N	Y	Y	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	N	N	N	N
ALL INCLUSIVE PER DIEM	Y	N	N	N	N	Y	Y	N
PER DIEM PLUS ADDITIONS	N	N	Y	N	N	N	N	N
PER DISCHARGE	N	N	N	Y	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	Y	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N*	N	N	N	N	N	N	N
DRI REGIONAL	N*	N	N	N	N	N	N	N
HCFA MARKET BASKET	N*	N	N	N	N	Y	Y	N
CONSUMER PRICE INDEX	N*	N	N	N	N	N	N	N
OTHER	Y*	Y	N	N	N	N	N	N
ANCILLARY SERVICES-								
INCLUDED	Y	N	N	Y	N	Y	Y	N
PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	N	N
PEER GROUP	N	N	Y	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	N	N
STATE OWNED	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$181.65	NA	NA	$732.00*	NA	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	NA	07011991	NA	NA	07011990*	NA	0701	0701
METHOD OF PAYMENT-								
PROSPECTIVE	N	N	N	N	Y	N	Y	Y
RETROSPECTIVE	N	Y	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
DIAGNOSIS RELATED GROUP	N	N	N	N	Y	N	N	Y
ALL INCLUSIVE PER DIEM	N	N	N	N	Y	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N	N
PER DISCHARGE	N	Y	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	Y
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	Y	N
HCFA MARKET BASKET	N	N	N	N	N	N	Y	Y
CONSUMER PRICE INDEX	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	N	N	N	Y	N	Y	Y
PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	Y	N
PEER GROUP	N	Y	N	N	N	N	Y	Y
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	N	N	Y	N
STATE OWNED	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N

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PAYMENT FOR OTHER TYPES OF HOSPITAL SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
RATE INFORMATION-			
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	NA	NA
RATE YEAR-			
BEGINS(MMDDYYYY)	0701	0701	NA
METHOD OF PAYMENT-			
PROSPECTIVE	N	Y	N
RETROSPECTIVE	Y	N	N
OTHER	N	N	N
UNIT OF PAYMENT-			
DIAGNOSIS RELATED GROUP	N	N	N
ALL INCLUSIVE PER DIEM	N	Y	N
PER DIEM PLUS ADDITIONS	N	N	N
PER DISCHARGE	N	N	N
PER CASE	N	N	N
PER ADMISSION	N	N	N
CASE MIX PER DIEM	N	N	N
OTHER	Y	N	N
TREND INDEX-			
DRI NATIONAL	N	U*	N
DRI REGIONAL	N	U*	N
HCFA MARKET BASKET	N	Y*	N
CONSUMER PRICE INDEX	N	U*	N
OTHER	Y	N	N
ANCILLARY SERVICES-			
INCLUDED	Y	N	N
PER DIEM	N	N	N
OTHER	N	N	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	Y	N	N
RESERVED BED DAYS	N	N	N
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	N	N	N
PEER GROUP	N	N	N
HIGH/LOW COST	N	N	N
NUMBER OF BEDS	N	N	N
STATE OWNED	N	N	N
OTHER	Y	N	N

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PAYMENT FOR NURSING HOME FACILITY SERVICES
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$163.00	NA	$48.94	$80.21*	$70.26	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	NA	0701	NA	0701	0701 *	07011991	1001	1001
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	N	Y	Y	N*	N	Y
RETROSPECTIVE	N	N	N	N	N	Y*	Y	N
OTHER	N	N	N	N	Y*	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	Y	Y*	Y	N
PER DIEM PLUS ADDITIONS	N	N	N	N	Y	N*	N	Y
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	Y*
OTHER	N	N	N	N	Y	N	N	Y*
TREND INDEX-								
DRI NATIONAL	N	Y	N	N	N	N	N	N
DRI REGIONAL	Y	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	Y
CONSUMER PRICE INDEX	N	N	N	Y	N	N*	N	Y
OTHER	N	N	N	N	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	Y	N	N	Y
PER DIEM	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	Y	N	Y	Y
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	Y	Y	N	N	Y
PEER GROUP	Y	N	N	N	Y	N*	N	N
HIGH/LOW COST	N	N	N	N	Y	N	N	N
NUMBER OF BEDS	N	N	N	N	Y	N	N	N
STATE OWNED	N	N	N	N	N	N	N	Y
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR NURSING HOME FACILITY SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$114.87	$72.62*	$66.31*	$85.88	$61.09	$64.03	$61.84*	$47.97
RATE YEAR-								
BEGINS(MMDDYYYY)	1001	0701 *	0701	0701 *	0701	0701	0401 *	07011991
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	Y	Y	N	Y	Y	Y
RETROSPECTIVE	N	N	N	N	Y	Y	N	N
OTHER	N	N	N	Y*	N	N	Y*	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	N	N	N
PER DIEM PLUS ADDITIONS	Y	N	Y	Y	Y	Y	Y	Y
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	Y	N	N	N	Y	N	N
OTHER	N	N	N	N	N	N	Y	N
TREND INDEX-								
DRI NATIONAL	N	N	Y	Y	N	Y	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	Y	N	N	N	Y	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	N	Y	N	N
OTHER	N	Y	N	N	N	Y	Y	Y
ANCILLARY SERVICES-								
INCLUDED	N	N	N	Y	N	N	N	N
PER DIEM	Y	N	N	Y	N	Y	N	N
OTHER	N	N	N	Y	N	N	Y	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	N	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	Y	N	N	N	Y	Y	N
PEER GROUP	N	N	N	Y	Y	Y	N*	N
HIGH/LOW COST	N	N	N	N	N	Y	N	N
NUMBER OF BEDS	Y	Y	N	N	N	N	Y	N
STATE OWNED	N	N	N	N	N	Y	N	Y
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR NURSING HOME FACILITY SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$45.70*	$53.47*	$49.95	$74.36*	$78.10	$100.00	$54.54	$78.40*
RATE YEAR-								
BEGINS(MMDDYYYY)	07011991	0701 *	0701	0701 *	0501 *	1001	1001	0701 *
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	Y	Y	Y	N	Y*	Y*
RETROSPECTIVE	N	N	Y	N	Y	Y	N*	N
OTHER	N	N	N	N	Y*	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	N	Y	Y	N	N	Y*	N
PER DIEM PLUS ADDITIONS	Y	N	Y	N	Y	N	N*	Y
PER DISCHARGE	N	N	N	N	N	N	N*	N
PER CASE	N	N	N	N	N	N	N*	N
PER ADMISSION	N	N	N	N	N	N	N*	N
CASE MIX PER DIEM	N	Y	N	N	Y	Y	N*	Y
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	Y	N*	Y
DRI REGIONAL	N	Y	N	N	N	N	N*	N
HCFA MARKET BASKET	N	N	N	N	N	N	N*	N
CONSUMER PRICE INDEX	Y	N	Y	N	Y	N	N*	N
OTHER	N	N	N	Y	Y	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	N	N	Y	Y	N	N	N	Y
PER DIEM	N	N	N	Y	Y	N	N	Y
OTHER	Y	N	N	N	N	N	N	Y
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	Y	N	N	N
RESERVED BED DAYS	Y	N	Y	Y	Y	N	Y	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	Y	N	Y	N	N	Y
PEER GROUP	Y	N	Y	N	N	N	Y	Y
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	N	Y	N	N	N
STATE OWNED	N	N	Y	N	N	N	Y	Y
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR NURSING HOME FACILITY SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$88.46*	$52.79	$63.30*	$49.19	$56.04	$92.53*	$89.00	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	1001	0701	07011991*	07011991	0701	1101 *	0701	0701
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	Y	N	U*	Y	Y	Y
RETROSPECTIVE	N	N	N	Y	U*	Y	N*	N
OTHER	N	N	N	N	Y*	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	Y	N	Y	U*	Y	Y	Y
PER DIEM PLUS ADDITIONS	Y	N	Y	N	U*	N	N	N
PER DISCHARGE	N	N	N	N	U*	N	N	N
PER CASE	N	N	N	N	U*	N	N	N
PER ADMISSION	N	N	N	N	U*	N	N	N
CASE MIX PER DIEM	N	N	N	N	U*	N	Y	N
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	Y*	N	U*	N	N	N
DRI REGIONAL	N	N	N*	N	U*	N	N	N
HCFA MARKET BASKET	N	N	N	N	U*	N	N	Y
CONSUMER PRICE INDEX	N	N	N	N	U*	Y	Y	N
OTHER	Y	Y	Y	Y	Y	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	U*	Y	Y	N
PER DIEM	N	N	N	N	U*	Y	N	N
OTHER	N	N	Y	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	U*	N	N	N
RESERVED BED DAYS	N	Y	Y	Y	U*	Y	Y	Y
OTHER	N	N	N	N	Y	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	U*	N	Y	N
PEER GROUP	N	N	N	N	U*	N	N	N
HIGH/LOW COST	N	N	N	N	U*	N	N	Y
NUMBER OF BEDS	Y	N	N	N	U*	Y	N	N
STATE OWNED	N	N	N	N	U*	N	N	Y
OTHER	N	N	N	N	Y	N	N	N

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PAYMENT FOR NURSING HOME FACILITY SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$132.62*	$69.13*	$64.28	$79.69	$46.40*	$69.27	$57.22	$78.55*
RATE YEAR-								
BEGINS(MMDDYYYY)	0101 *	1001 *	01011991	0701	0701	0701	0701	1001 *
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y*	Y	Y	Y	Y	Y	N	Y
RETROSPECTIVE	N	Y	N	N	N	N	Y	N
OTHER	N	Y	N	Y	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	Y*	Y	N	Y	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	Y	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	Y	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	N
CONSUMER PRICE INDEX	N	N	N	N	Y	Y	Y	N
OTHER	Y	Y	N	Y	N	N	N	Y
ANCILLARY SERVICES-								
INCLUDED	Y*	Y	N	Y	N	Y	Y	Y
PER DIEM	N	Y	N	Y	N	N	N	Y
OTHER	Y	Y	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	Y	N	N	N	N
RESERVED BED DAYS	N	Y	Y	Y	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	Y	N
PEER GROUP	Y	Y	N	N	Y	N	N	N
HIGH/LOW COST	Y	N	Y	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	N	N
STATE OWNED	N	Y	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT

U = UNAVAILABLE

NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

PAYMENT FOR NURSING HOME FACILITY SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$70.22	$54.45	$61.55	$47.72	$59.63	$80.63	$62.58	$78.00
RATE YEAR-								
BEGINS(MMDDYYYY)	0701	07011991	0701	0101	07011991	0701	0701 *	07011991
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	Y	Y	Y	Y	Y*	Y
RETROSPECTIVE	Y	N	Y	N	N	N	N*	N
OTHER	Y	N	N	N	N	N	Y*	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	N	Y	Y	Y	Y	N*	N
PER DIEM PLUS ADDITIONS	Y	Y	N	N	N	N	N*	Y
PER DISCHARGE	N	N	N	N	N	N	N*	N
PER CASE	N	N	N	N	N	N	N*	N
PER ADMISSION	N	N	N	N	N	N	N*	N
CASE MIX PER DIEM	N	N	N	Y	N	N	Y*	N
OTHER	N	N	N	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N*	N
DRI REGIONAL	N	N	N	Y	N	N	Y*	N
HCFA MARKET BASKET	N	N	N	N	N	Y	Y*	N
CONSUMER PRICE INDEX	N	N	N	N	N	Y	N*	N
OTHER	Y	Y	Y	Y	Y	N	N	Y
ANCILLARY SERVICES-								
INCLUDED	Y	N	Y	N	N	Y	Y*	Y
PER DIEM	N	N	N	N	N	Y	N*	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N*	N
RESERVED BED DAYS	N	Y	N	Y	Y	Y	Y*	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	N	N	Y*	Y
PEER GROUP	N	N	N	Y	N	N	Y*	N
HIGH/LOW COST	N	N	N	N	N	N	N*	N
NUMBER OF BEDS	Y	N	N	N	N	N	N*	N
STATE OWNED	Y	N	N	N	N	N	N*	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR NURSING HOME FACILITY SERVICES

EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
RATE INFORMATION-			
ESTIMATED AVERAGE NEW RATE AMOUNT $	$68.75	$71.72*	$65.77
RATE YEAR-			
BEGINS(MMDDYYYY)	0701	0701 *	07011991
METHOD OF RATE DETERMINATION-			
PROSPECTIVE	Y	Y	Y
RETROSPECTIVE	Y	N	N
OTHER	N	N	N
UNIT OF PAYMENT-			
ALL INCLUSIVE PER DIEM	N	Y	N
PER DIEM PLUS ADDITIONS	Y	N	Y
PER DISCHARGE	N	N	N
PER CASE	N	N	N
PER ADMISSION	N	N	N
CASE MIX PER DIEM	N	N	N
OTHER	N	N	N
TREND INDEX-			
DRI NATIONAL	N	N	N
DRI REGIONAL	N	N	N
HCFA MARKET BASKET	N	N	N
CONSUMER PRICE INDEX	Y	N	N
OTHER	Y	Y	Y
ANCILLARY SERVICES-			
INCLUDED	Y	N	Y
PER DIEM	N	N	N
OTHER	N	Y	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	N	N	N
RESERVED BED DAYS	N	Y	Y
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	N	Y	N
PEER GROUP	Y	N	N
HIGH/LOW COST	N	Y	N
NUMBER OF BEDS	Y	Y	N
STATE OWNED	Y	Y	N
OTHER	N	N	N

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PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- AL -	- AK -	- AZ -	- AR -	- CA -	- CO -	- CT -	- DE -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$183.65	$163.00	NA	$160.37	$0.00*	$144.98	NA	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	0101	0701	NA	0701	0701 *	07011991	1001	1001
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	N	Y	Y	N	N	Y
RETROSPECTIVE	N	N	N	Y	N	Y	Y	N
OTHER	N	N	N	N	Y*	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	N	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	N	Y	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	Y	N	N	N	N	N	N
DRI REGIONAL	Y	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	Y
CONSUMER PRICE INDEX	N	N	N	Y	N	N	N	Y
OTHER	N	N	N	N	Y	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	Y	N	N	N
PER DIEM	N	N	N	N	Y	N	N	N
OTHER	N	N	N	N	Y	N	Y	Y
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	Y	Y	N	N	N
PEER GROUP	Y	N	N	N	Y	N	N	N
HIGH/LOW COST	N	N	N	N	Y	N	N	N
NUMBER OF BEDS	N	N	N	Y	Y	N	N	Y
STATE OWNED	N	N	N	Y	N	Y	N	Y
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- DC -	- FL -	- GA -	- HI -	- ID -	- IL -	- IN -	- IA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$205.57	$169.50*	$188.92*	NA	$190.76	$82.77	$110.18*	$203.32
RATE YEAR-								
BEGINS(MMDDYYYY)	1001	0701 *	0701	0701	04011991	0701	0401 *	07011991
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	Y	Y	N	Y	Y	Y
RETROSPECTIVE	N	N	N	N	Y	Y	N	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	N	Y	N
PER DIEM PLUS ADDITIONS	Y	N	Y	N	Y	Y	Y	Y
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	Y	N	N	N	Y	N	N
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	Y	Y	N	Y	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	Y	N	N	N
CONSUMER PRICE INDEX	Y	N	N	N	N	Y	N	N
OTHER	N	Y	N	N	N	N	Y	Y
ANCILLARY SERVICES-								
INCLUDED	N	N	N	Y	N	N	Y	N
PER DIEM	Y	N	N	Y	N	Y	Y	N
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	N	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	Y	Y	N
PEER GROUP	N	Y	Y	Y	Y	Y	N*	N
HIGH/LOW COST	N	Y	N	N	N	Y	N	N
NUMBER OF BEDS	Y	N	N	N	N	Y	N	N
STATE OWNED	N	N	N	N	N	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- KS -	- KY -	- LA -	- ME -	- MD -	- MA -	- MI -	- MN -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$100.46*	$136.93*	$89.18*	NA	NA	$193.00	NA	$89.01*
RATE YEAR-								
BEGINS(MMDDYYYY)	07011991	0701 *	0701	NA	NA	1001	1001	1001
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	Y	Y	N	Y	N	Y*
RETROSPECTIVE	Y	N	N	N	Y	N	Y	Y
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	N	Y	Y	N	Y	Y	N
PER DIEM PLUS ADDITIONS	Y	N	Y	N	Y	N	N	Y
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	Y	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	Y	N	N
DRI REGIONAL	N	Y	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	N	N	N
CONSUMER PRICE INDEX	Y	N	Y	N	N	N	N	Y
OTHER	N	N	N	Y	N	N	N	N
ANCILLARY SERVICES-								
INCLUDED	N	N	Y	Y	Y	Y	Y	Y
PER DIEM	N	N	N	Y	N	N	N	Y
OTHER	Y	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	Y	N	Y	Y	N	N	N	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	Y	Y	N	N	N	N	N
PEER GROUP	Y	N	N	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	Y	N	N	N	N	Y
STATE OWNED	Y	N	Y	N	Y	Y	Y	Y
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- MS -	- MO -	- MT -	- NE -	- NV -	- NH -	- NJ -	- NM -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$97.86*	$115.86*	$186.40*	$121.67	NA	NA	$199.00	$119.74
RATE YEAR-								
BEGINS(MMDDYYYY)	1001	07011991	07011991*	01011992	0701	NA	07011992	0901
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	Y	Y	N	Y	N	N	N	Y
RETROSPECTIVE	N	N	Y	N	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	Y	N	Y	N	Y	Y	Y
PER DIEM PLUS ADDITIONS	Y	N	Y	N	Y	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	Y
OTHER	N	N	N	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	N	N
DRI REGIONAL	N	N	Y*	N	N	N	N	N
HCFA MARKET BASKET	N	N	Y	N	N	N	N	Y
CONSUMER PRICE INDEX	N	N	N	Y	Y	Y	N	N
OTHER	Y	Y	N	N	N	N	Y	N
ANCILLARY SERVICES-								
INCLUDED	N	Y	N	Y	Y	Y	Y	N
PER DIEM	N	N	N	N	N	Y	N	N
OTHER	N	N	Y	N	Y	Y	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	Y	Y	Y	Y	Y	N	Y
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	N	Y	N	N	N
PEER GROUP	N	N	Y	N	N	N	Y	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	N	Y	N
STATE OWNED	N	Y	N	N	N	Y	N	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- NY -	- NC -	- ND -	- OH -	- OK -	- OR -	- PA -	- RI -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$209.37	$188.29	$137.00*	$133.76	$58.00	$377.43	$180.98	NA
RATE YEAR-								
BEGINS(MMDDYYYY)	0701	0701	07011990*	0701	0701	07011991	0701	NA
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	N	Y	N	Y	Y	N	N	N
RETROSPECTIVE	Y	Y	Y	N	Y	Y	Y	Y
OTHER	N	N	N	Y	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	Y	Y	N	Y	Y	Y	Y	Y
PER DIEM PLUS ADDITIONS	N	N	Y	N	N	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	N	N	N	N	N	N	N	N
TREND INDEX-								
DRI NATIONAL	N	Y	N	N	N	N	N	N
DRI REGIONAL	N	N	N	N	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	Y	N	N
CONSUMER PRICE INDEX	N	N	N	N	Y	N	N	Y
OTHER	Y	Y	N	Y	N	N	Y	Y
ANCILLARY SERVICES-								
INCLUDED	Y	N	N	Y	N	Y	Y	Y
PER DIEM	N	N	N	Y	N	N	N	Y
OTHER	N	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	Y	N	N	N	N
RESERVED BED DAYS	N	N	Y	Y	Y	Y	Y	N
OTHER	N	N	N	N	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	Y	N	N	N	N	N	N	N
PEER GROUP	N	Y	Y	N	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	Y	N	N	N	N	Y	N	N
STATE OWNED	Y	Y	N	Y	Y	N	Y	N
OTHER	N	N	N	N	N	N	N	N

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PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- SC -	- SD -	- TN -	- TX -	- UT -	- VT -	- VA -	- WA -
RATE INFORMATION-								
ESTIMATED AVERAGE NEW RATE AMOUNT $	$127.92	$136.06	$220.33	$75.78	$86.05	NA	$168.95	$180.63
RATE YEAR-								
BEGINS(MMDDYYYY)	0701	07011991	0701	0101	07011991	0701	0701	07011988
METHOD OF RATE DETERMINATION-								
PROSPECTIVE	N	Y	Y	Y	Y	Y	N	Y
RETROSPECTIVE	Y	Y	N	N	N	N	Y	N
OTHER	N	N	N	N	N	N	N	N
UNIT OF PAYMENT-								
ALL INCLUSIVE PER DIEM	N	Y	Y	Y	Y	N	Y	Y
PER DIEM PLUS ADDITIONS	N	N	N	Y	N	N	N	N
PER DISCHARGE	N	N	N	N	N	N	N	N
PER CASE	N	N	N	N	N	N	N	N
PER ADMISSION	N	N	N	N	N	N	N	N
CASE MIX PER DIEM	N	N	N	N	N	N	N	N
OTHER	Y	N	N	N	Y	N	N	N
TREND INDEX-								
DRI NATIONAL	N	N	N	N	N	N	Y	N
DRI REGIONAL	N	N	N	Y	N	N	N	N
HCFA MARKET BASKET	N	N	N	N	N	Y	Y	N
CONSUMER PRICE INDEX	N	N	N	N	N	Y	N	N
OTHER	Y	Y	Y	N	Y	N	N	Y*
ANCILLARY SERVICES-								
INCLUDED	Y	N	Y	N	N	Y	Y	Y
PER DIEM	N	N	N	N	N	Y	N	N
OTHER	Y	N	N	N	N	N	N	N
OTHER SERVICES-								
ADMIN NECESSARY DAYS	N	N	N	N	N	N	N	N
RESERVED BED DAYS	N	N	N	Y	Y	Y	Y	N
OTHER	N	N	N	Y	N	N	N	N
GROUP CLASSIFICATION-								
LOCATION	N	N	N	Y	N	N	N	N
PEER GROUP	N	Y	N	Y	N	N	N	N
HIGH/LOW COST	N	N	N	N	N	N	N	N
NUMBER OF BEDS	N	N	N	Y	N	N	N	Y
STATE OWNED	N	Y	N	Y	N	N	N	N
OTHER	N	N	N	Y	N	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

PAYMENT FOR INTERMEDIATE CARE FACILITY SERVICES FOR THE MENTALLY RETARDED
EFFECTIVE MEDICAID STATE PLAN AS OF 03/11/92, FOR DATA ENTERED BY 03/12/92

	- WV -	- WI -	- WY -
RATE INFORMATION-			
ESTIMATED AVERAGE NEW RATE AMOUNT $	NA	$114.33*	$146.72
RATE YEAR-			
BEGINS(MMDDYYYY)	0701	0701 *	07011991
METHOD OF RATE DETERMINATION-			
PROSPECTIVE	Y	Y	Y
RETROSPECTIVE	Y	N	N
OTHER	N	Y	N
UNIT OF PAYMENT-			
ALL INCLUSIVE PER DIEM	N	N	Y
PER DIEM PLUS ADDITIONS	Y	N	N
PER DISCHARGE	N	N	N
PER CASE	N	N	N
PER ADMISSION	N	N	N
CASE MIX PER DIEM	N	N	N
OTHER	N	N	N
TREND INDEX-			
DRI NATIONAL	N	N	N
DRI REGIONAL	N	N	N
HCFA MARKET BASKET	N	N	N
CONSUMER PRICE INDEX	Y	N	N
OTHER	Y	Y	Y
ANCILLARY SERVICES-			
INCLUDED	Y	N	Y
PER DIEM	N	N	N
OTHER	N	N	N
OTHER SERVICES-			
ADMIN NECESSARY DAYS	N	N	N
RESERVED BED DAYS	N	Y	Y
OTHER	N	N	N
GROUP CLASSIFICATION-			
LOCATION	N	Y	N
PEER GROUP	Y	N	Y
HIGH/LOW COST	N	N	N
NUMBER OF BEDS	Y	Y	N
STATE OWNED	Y	Y	N
OTHER	N	N	N

* = DATA BASED ON PENDING STATE PLAN AMENDMENT
U = UNAVAILABLE
NOTE: RATE INFORMATION IS RELATED TO THE "UNIT OF PAYMENT" (ALSO ON THIS TABLE). IT IS THE ESTIMATED AVERAGE, PROPOSED RATE FOR EACH TYPE OF INSTITUTION, OBTAINED FROM THE RELATED INFORMATION SUBMITTED WITH EACH SPA. THE RATE SHOWN DOES NOT REFLECT THE ACTUAL RATE PAID TO ANY INDIVIDUAL FACILITY.

1991 Catalogue of State Medicaid Program Changes

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Most important, however, thanks are due the State Medicaid Directors and their staffs for sharing information on their activities with us. We are hopeful that the program data compiled in this document will be of use to them in administering their programs and will provide some compensation for their efforts.

Any interpretation, views, or opinions expressed in this document are those of the author and do not represent those of the Department of Health and Human Services.

INTRODUCTION

States have been faced with the challenge of developing policies to control the growth in their Medicaid program expenditures while striving to minimize any adverse impacts of such policies on the provision of health care to those in need. In order to make the best possible choices among alternatives, it is important that State officials have at their disposal information on potential policy approaches.

To address this critical information need, the National Governors' Association's (NGA) Center for Policy Research, through a contract awarded by the Health Care Financing Administration, has established the State Medicaid Information Center (SMIC). The purpose of the SMIC Project is to serve as a central source to collect and disseminate information concerning strategies adopted by individual State Medicaid programs.

This Catalogue is intended to serve as a reference document to summarize the States' key Medicaid policy activities during 1991. These data will permit State officials to readily access the experience of other States that have pursued specific policy initiatives and expand the range of potential policy alternatives available for consideration by a State.

Both primary and secondary sources of data on State cost containment activities have been consulted in the preparation of this data, and every effort has been made to verify all information directly with each State agency. In order to provide as full and complete a database as possible, information on State-initiated changes that expand the scope of their programs is presented in this document, as are some of the more significant proposed changes that have not, as yet, been implemented. Program modifications required of all States as the result of changes in Federal requirements have not been included.

The NGA's SMIC project receives Medicaid policy and program information from State Medicaid agencies on a continuous basis. Upon receipt of the information, NGA staff members code and input the information into the database and then send the information back to the States for verification.

The SMIC project recognizes, however, that some State Medicaid changes may have escaped the purview of the NGA and are therefore not identified. States must be mindful of this when reading the information presented in the following pages.

It is hoped that the information presented in this update will prove useful to State officials in their efforts to maintain access to needed health services for the nation's poor while controlling escalating Medicaid expenditures.

HOW TO USE THIS DOCUMENT

The first section of this chapter, entitled "Overview of State Medicaid Program Changes - 1991," contains a narrative on various State trends in selected Medicaid program areas. The programs areas covered have been chosen because of the volume of State activity taking place in these areas.

The second section of the chapter presents data on individual State Medicaid program changes which were implemented or proposed during 1991. Abstracts describing these changes are included under one or more of the following five major sections of the Catalogue:

I. Administration and Management
II. Eligibility
III. Services
IV. Payment
V. Alternative Service Delivery/Program Management

Under Section I, Services, abstracts are listed according to the particular services a policy change affects. Under each service, abstracts are presented under one of the following subheadings, according to the nature of the policy changes.

A. Amount, Duration, and Scope
B. Utilization Controls
C. payment

A directory of the services to be found in Section I as well as the subheadings for Section II are presented in the Table of Contents, which appears at the beginning of this document.

In order to explain the general format for all Catalogue abstracts, a sample abstract of a State program change is presented below.

The **STATE ID** is a two-character code which identifies the State in which the program change was implemented or proposed. A listing of these codes is presented at the end of this section.

The **STATUS CODE** indicates the latest reported status of a particular program change. The codes are:

*A Change adopted or implemented by State
*B Program change formally proposed by a State agency, pending a final decision
*D Legislature adopted

The **DATE CODE** indicates the year and, when possible, the month in which a particular change first was implemented. For proposals, only the year is shown.

The **IMPACT CODE** indicates whether the change resulted or is expected to result in an increase (+) or decrease (-) in program expenditures.

The **DESCRIPTION** is a brief statement of the program change. When possible, the abstract also describes the policy prior to the program change.

Within each subsection, abstracts are listed alphabetically by State. Where there is more than one abstract for a given State, the listings are arranged in chronological order beginning with the most recent change.

STATE ID	STATUS CODE	DATE PROPOSED OR IMPLEMENTED	IMPACT CODE	DESCRIPTION OF CHANGE
WI	*A	7/83	(-)	Wisconsin began requiring second opinions for cataract extractions done in conjunc- tion with intraocular lens implants.

The third section of this chapter includes narratives and tables summarizing certain aspects of State Medicaid programs. The topics have bee chosen for their timeliness, relevance, and significance for Medicaid policymakers.

CATALOGUE GUIDE
A "Where-to-Find" Sampler

Subject	***Section***
Administrative Days (Administratively Necessary Days)	Amount, Duration, & Scope: Inpatient Hospital
Cost-Sharing	Utilization Controls: see specific service
Home- and Community-Based Waivers	Alternative Service Delivery: Long-Term Care
Limitations on Service Coverage	Amount, Duration, & Scope: see specific service
Lock-In	Utilization Controls: see specific service
Medicare Crossover Claims	Administration & Management: Third Party Liability
Medicaid Management Information System	Administration & Management: Claims Processing
Poor Pregnant Women Coverage	Eligibility: Income Levels
Poor Pregnant Women Enhanced Services	Alternative Services Delivery: Other Approaches
Prior Authorization	Utilization Controls: see specific service
Qualified Medicare Beneficiaries	Eligibility: Income Levels
Reports, Client Status	Administration & Management: Reducing Eligibility Errors
Second Surgical Opinions	Utilization Control: Physician Services
Spousal Impoverishment (Community Spouse Resource Allowance)	Eligibility: Resource Standards/Rules
Volume Purchase of Goods & Services	Payment: see specific service

CHAPTER 1

OVERVIEW OF STATE MEDICAID PROGRAM TRENDS -- 1991

Introduction

Nineteen ninety-one was an extremely important year for Medicaid. It was the first time in the program's history that Federal legislation dealing solely with Medicaid was enacted. This legislation, P.L. 102-234, sought to set parameters on State use of provider taxes and voluntary contributions to finance their share of Medicaid, and set limits on total payment to disproportionate share hospitals. Also in 1991, Medicaid enrollment increased beyond 25 million recipients, the greatest number of persons enrolled in Medicaid at any time since its inception. As important, Medicaid spending also reached record levels, totalling about $92 billion, a 38 percent increase over 1990.

These events have precipitated an intense focus on Medicaid budget and policy, both by the Federal government and the States. In 1991, States looked internally at existing financing mechanisms rather than turning to new cost containment policies in an effort to pay for Medicaid expenditure increases.

The economic recession continued to jeopardize the financial solvency of State budgets. In 1991, 26 States raised more than $10 billion in new revenues simply to maintain current programs. Thirty-six States spent more on Medicaid in 1991 than they had originally budgeted for the program. Explosive caseload increases in AFDC forced 30 States to spend more on welfare programs than they had originally estimated.

In contrast to the national data showing volatile increases in recipients and dollars devoted to Medicaid, to a great degree the focus of most States was on cost containment. Part of this seeming anomaly may be explained by the fact that States see a large portion of their Medicaid budgets as being out of their control. General medical care inflation, Federal mandates, and lawsuits on institutional provider payment rates have made it difficult for States to control costs. On the other hand, State Medicaid programs continue to invest in expansions and service enhancements for women and children, including increased use of coordinated care.

The following sections briefly summarize State Medicaid program changes adopted in calendar year 1991 (CY '91). They highlight: managed care, utilization controls, payment for services, eligibility, services, and home- and community-based waivers. Each of the sections are separated further into categories chosen to cover areas of significant State activity. For example, the utilization controls section is separated into service limits, dollar limits, prior authorization, and cost sharing. These "snapshots" summarize the Medicaid trends across States.

Managed Care

In 1991, six States implemented major managed care initiatives to serve approximately 660,000 Medicaid recipients. These States included ***Florida***, ***Illinois***, ***Maryland***, ***New Mexico***, ***North Carolina***, and ***West Virginia***. ***Maryland*** adopted two managed care plans.

Five of the managed care plans adopted by the States are mandatory. Three States, including ***Florida***, ***North Carolina***, and ***West Virginia***, adopted managed care plans that require mandatory coverage of AFDC and AFDC-related individuals. ***New Mexico's*** managed care plan is mandatory for all recipients in participating areas, except for dual Medicare/Medicaid eligibles, children covered by another case management program, and presumptive eligibles. ***Maryland's*** Medicaid Access Care Program is mandatory for categorically needy individuals, except HMO enrollees and dual Medicare/Medicaid eligibles.

The managed care program in ***Illinois***, entitled Medicaid Partnership Initiative, and ***Maryland's*** Diabetes Care Program are voluntary managed care programs.

Each of the six States' managed care programs reimburses providers on a fee-for-service basis. Four of the States' new managed care plans pay a monthly case management fee to physicians. The case management fees in ***Florida***, ***North Carolina***, and ***West Virginia*** are $3 per month, while the fee in ***New Mexico*** is $2 per month. The case management fee for ***Maryland's*** Diabetes Care Program is $20 per month.

State managed care programs not paying a case management fee include ***Illinois'*** Medicaid Partnership Initiative, which assesses an enhanced fee for primary care, and ***Maryland's*** Medicaid Access to Care Program, which utilizes an increased payment schedule for physicians.

The projected savings accrued to each State through its new managed care initiatives are presented in the following chart.

State	*Managed Care Plan*	*Number of Enrollees*	*Projected Savings*
Florida	Medicaid Physician Access Program	78,000	$ 6.5 million in 2 yrs.
Illinois	Medicaid Partnership Initiative	6,000	$ 110,000 in 2 yrs.
Maryland	Diabetes Care Program	7,912	$ 4.8 million in 2 yrs.
	Medicaid Access Care Program	227,500	$25.8 million in 2 yrs.
New Mexico	Primary Care Network	76,000	$ 7.6 million in 2 yrs.
North Carolina	Patient Access and Coordinated Care Program	37,250	$ 1.3 million in 2 yrs.
West Virginia	Physician Assured Access System	220,000	$ 7.4 million in 2 yrs.

Utilization Controls

Service Limits

Eight States made changes in service limits. Most of the activity revolved around limits on services based on a daily or yearly basis. Although the majority of the changes expanded access to services, two States added service limits. ***Mississippi*** limited coverage of sonograms to three per pregnancy. ***Arkansas*** limited coverage of rural health clinics and Federally qualified health center services to twelve visits per year; coverage of physician and podiatry services were limited to 18 visits each per State fiscal year.

Arkansas, while limiting coverage for some services, also was one of the States to eliminate limits for other services. The State now allows extensions to the 72 hour per calendar month limit on personal care for adults, in either life-threatening situations or if the individual is at risk of institutionalization. ***California*** extended from two to three the maximum number of days a pregnant woman delivering by Cesarian-section can remain in the hospital following delivery. ***Missouri*** exempted nursing home residents from the five-monthly prescription limit. ***South Carolina*** limited home health services to 50 per year; and limited inpatient hospital

admissions for recipients 21 and older to three per fiscal year. ***Nevada*** exempted family planning prescriptions from the monthly prescription limit.

Dollar Limits

Arkansas was the only State to indicate that it changed dollar limits on services. Durable medical equipment (DME) was limited to $200 per calendar year and laboratory and x-ray services were limited to $1,000 per State fiscal year.

Prior Authorization

Twenty-one States either added or removed prior authorization requirements. Twelve removed prior authorization from services such as podiatric visits and outpatient physical therapy. Both ***Kansas*** and ***Kentucky*** added prior authorization as a requirement for the drug Prozac. ***Massachusetts*** and ***Utah*** removed approval requirements for substance abuse services and psychiatric admissions. ***Montana*** removed prior authorization on home health services exceeding $400 per month, but added prior authorization for home health services beyond 12 visits per fiscal year.

Cost Sharing

Six States made changes in copayment policies. Most of the policy changes were related to prescription drugs. Three States increased copay amounts for prescription drugs. Both ***Michigan*** and ***Pennsylvania*** increased the copay for prescription drugs from $0.50 to $1.00. ***Maryland*** increased the prescription drug copay from $1.50 to $4.00 per prescription. Only one State, ***Maine***, decreased a copayment for arthritic drugs; the copay was reduced from $10.00 to $2.00. Both ***South Carolina*** and ***Vermont*** added new copay policies. ***South Carolina*** now requires a copay of $1.50 per prescription, and ***Vermont*** added $1.00 copay per day, per provider for certain physician visits.

Changes in Payment for Services

Twenty-seven States made changes in their payment policies. Only three States reduced rates, while 24 States increased rates. In general, the rate changes can be grouped into the following categories: physician services, institutional services (ICF/MR, NF, hospital inpatient), maternal and child health services, and home health/personal care services.

Physicians' Services

Seven States changed their payment levels for physician fees. Generally, all changes resulted in increased payment rates. ***Arkansas*** and ***Hawaii*** increased all physician fees. Other States targeted increases to particular types of physician services or for certain physicians. ***Utah*** increased fees for physicians in rural areas, while ***Kentucky, Michigan,*** and ***Washington*** increased fees for prenatal and

delivery services. ***Kentucky*** also increased fees from $650 to $900 for all deliveries, including Cesarean sections. ***Michigan*** increased payment to physicians for performing a vaginal delivery on mothers to whom Cesarean sections had previously been performed. ***South Carolina*** decreased fee levels for the physician service program.

Institutional Services

Seven States increased payment to at least one facility type (NF, ICF/MR, or inpatient hospital). ***Mississippi*** increased payment five percent to all institutional providers, except those already being reimbursed at cost.

Intermediate Care Facilities for the Mentally Retarded:

California and ***Mississippi*** reported changes in their payment levels for intermediate care facilities for the mentally retarded (ICF/MR). Both States reported increases in the payment level.

Nursing Facilities:

Five States indicated increases in their payments to nursing facilities. As mentioned above, ***Mississippi*** had a five percent increase. ***California*** and ***Oklahoma*** also increased payment to nursing facilities. ***Georgia*** increased the per diem nursing home rate. ***Washington*** also increased payment for nursing home services.

Inpatient Hospitals:

Five States reported changes in their inpatient hospital payment levels. Changes in fee levels show no trend; they appear to be both increasing and decreasing about evenly throughout the States which reported changes. ***Kentucky, Mississippi,*** and ***Ohio*** increased payment to hospitals. Both ***South Carolina*** and ***Michigan*** reported decreasing payment for inpatient hospital services.

Home Health/Personal Care Services

One of the areas where activity appears to be growing is community long- term care services, such as home health and personal care services. In 1991, seven States revised their payment levels for community long-term care providers. ***Arkansas*** increased payment to both home health and personal care services. ***Maine*** increased payment for personal care services, ***New Jersey*** increased payment for personal care assistants, and ***Nevada*** and ***Washington*** increased payment to home health providers. ***Michigan*** and ***South Carolina*** indicated reduction in the payment levels paid to home health service providers.

Eligibility

States instituted various eligibility changes in 1991. A majority of the changes included income eligibility expansions or coverage expansions for specific populations. In addition, several States implemented eligibility limitations.

Income Eligibility Expansions

Ten States, ***Arizona, Arkansas, Delaware, Idaho, Iowa, Maryland, Nebraska, New Hampshire, New Jersey,*** and ***New Mexico***, implemented income eligibility expansions. A majority of these expansions were targeted at pregnant women and children.

California increased its eligibility income limit for pregnant women and infants from 185 percent of the Federal poverty level (FPL) to 200 percent of the FPL financed with State funds. ***Arkansas*** and New Jersey increased their eligibility income limits for pregnant women and infants to 185 percent of the FPL. ***Delaware*** expanded coverage of pregnant women and infants to 160 percent of the FPL. ***Arizona*** increased its AFDC assistance payments from 33 percent of the FPL to 36 percent of the FPL.

New Mexico increased the income standard for institutional care from $989 to $1,043, an increase of 5.4 percent.

Maryland increased eligibility for individuals with incomes from 200 percent to 300 percent of the FPL for the Maryland AIDS Insurance Assistance Pilot Program. ***New Hampshire*** increased the standard of need for adults residing in independent living arrangements by 5.4 percent.

Coverage Expansions

States expanding coverage include ***Alabama, Arkansas, Idaho, Louisiana, Minnesota, Montana, New Hampshire, Oklahoma, Texas***, and ***Washington***. The populations most often affected by changes in coverage include pregnant women, children, and medically needy recipients.

Pregnant Women:

Expanded coverage for pregnant women included adoption of presumptive eligibility for pregnant women by ***Montana*** and ***Oklahoma.***

Missouri expanded the criteria for entry into the case management program for pregnant women to include psycho-social risk factors. ***Washington*** changed eligibility determination for a pregnant minor living with her parents. Under the new eligibility process, the income of the pregnant minor's parents is not counted unless it is actually received by the minor.

Children:

Idaho added hospital care to the levels of care that a disabled child can meet to qualify for Medicaid under home care for certain disabled children.

Kansas permitted disabled children between the ages of five and 18 who are mentally retarded or developmentally disabled to receive home- and community-based services through Medicaid.

Minnesota increased the age limit on the Children's Health Program from nine years of age to 18 years of age. ***Washington*** added coverage to children under age 18, up to 100 percent of the FPL, through the State-funded Children's Health Program.

Medically Needy:

Three States expanded coverage through instituting medically needy programs. ***Arkansas*** re-instituted the medically needy program that had been dropped in September 1990. ***Iowa*** increased its medically needy income level by 4 percent, and *Texas* revised the spend-down period for determining medically needy eligibility from six months to one month.

Other Expansions:

Alabama amended its transfer of resources provision. Individuals who have transferred resources are now eligible for Medicaid services for the penalty period, with the exception of nursing home payments.

Arkansas also expanded coverage of several other services to include:

- dental care for recipients age 21 and older when provided for pain relief;
- chiropractic services for recipients age 21 and older;
- occupational, physical, and speech therapy programs for recipients 21 years of age and older; and
- psychology services for individuals 21 years of age and older.

Eligibility Limitations

Several States instituted eligibility limitations. ***Alabama*** discontinued its presumptive eligibility program for pregnant women. ***California*** changed financial eligibility determinations for handicapped children whose families are unable to pay for their care. As of September 1, 1991, counties began determining and collecting annual enrollment fees from these families.

Services

The Medicaid services that were most frequently mentioned by State Medicaid agencies as being either added or expanded included case management, early and periodic screening, diagnosis and treatment (EPSDT) programs, and other general services such as outpatient services, transplant services, physician services and vaccine utilization. The groups most often targeted by these service changes included pregnant women and children.

Case Management

Case management services experienced considerable growth within the States' 1991 Medicaid agendas. Twenty-five case management initiatives were adopted by 15 States, including ***Arkansas, Colorado, Georgia, Kansas, Kentucky, Maryland, Maine, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, Texas,*** and ***Virginia***. Several States adopted more than one initiative. ***Virginia*** enacted six and ***Maryland*** and ***Maine*** each implemented two case management initiatives.

The two populations most frequently targeted for case management were children--especially the developmentally disabled and emotionally and chronically ill--and pregnant women, especially high-risk cases.

Children:

Four States, ***Georgia, Maryland, Nevada***, and ***New York*** adopted case management aimed at developmentally disabled children. ***Georgia*** and ***Maryland*** implemented early intervention case management services to children who meet State specific age and disability qualifications. ***Nevada's*** proposal targeted developmentally delayed infants and toddlers.

In addition, two States added case management for emotionally ill children. ***Kentucky*** implemented targeted case management services for emotionally disturbed children under age 21. ***Maine*** expanded case management services to include children, aged six through 20, with severe emotional disturbances.

Other case management services for children include ***Kansas'*** initiative to provide 120 hours of case management services per calendar year to chronically ill children participating in the KAN Be Healthy program. ***Texas*** added coverage of case management services for high-risk infants under age one.

Pregnant Women:

Three States, including ***Missouri, Montana,*** and ***Texas***, adopted case management for pregnant women. ***Missouri*** expanded the criteria for entry into the case management program for pregnant women to include psycho-social risk factors. In addition, both ***Montana*** and ***Texas*** expanded case management services to high-risk pregnant women.

Other Populations:

Other populations served by the States' Medicaid case management initiatives include the elderly and individuals with AIDS. ***Colorado*** included home- and community-based case management services for individuals with AIDS. ***Virginia*** developed a system of case management for the elderly.

EPSDT

Seven States, ***Arkansas, Colorado, Florida, Michigan, Montana, Pennsylvania,*** and ***Texas***, added service coverage through EPSDT programs. ***Arkansas*** now covers the following transplants with prior authorization under the EPSDT program: single lung transplants, skin transplants for burns, and pancreas/kidney transplants with a diagnosis of juvenile diabetes with renal failure. Benefits for all three procedures cover procurement of the organ from a cadaver donor, hospital and physician services for the transplant, and post-operative care until discharged from the hospital.

Colorado expanded EPSDT benefits to include periodic medical screening and partial medical screenings. ***Florida*** added coverage of physical, occupational, speech, and respiratory therapies for children under age 21 who participate in the EPSDT program, while ***Michigan*** added coverage of nutrition services for EPSDT recipients.

Pennsylvania now reimburses clinics for certain vaccines listed under EPSDT guidelines. ***Texas*** added rental of apnea monitors for physicians providing this service.

Outpatient Services

Arkansas added coverage of speech, language, and hearing therapy when performed in an outpatient setting and with continuing medical supervision for individuals or group.

Hawaii established guidelines for comprehensive non-acute rehabilitative services for children from birth to six years of age. These guidelines include a requirement that a functional level be clearly stated in the plan of care based on one of two suggested grading schemes.

Women's Health

Hawaii's legislature authorized Medicaid to conduct a three-year demonstration project to encourage provider participation in the care of pregnant Medicaid recipients and to improve access to early comprehensive obstetrical care for pregnant women. All Medicaid-certified physicians and nurse-midwives may participate in this project if they provide prenatal care, delivery services and postpartum care.

Coverage for nurse-midwives in ***Maine*** has been expanded to include routine newborn care (not to exceed four weeks) and gynecological care for women.

Other Services

Transplants:

Five States added coverage of transplant services during 1991. ***Alabama*** added heart transplants and adult liver transplants as covered Medicaid services. As mentioned in the EPSDT section, ***Arkansas*** added coverage of lung, skin, and pancreas/kidney transplants.

Nevada added coverage of the cost of corneal tissue up to $1,100 when purchased in conjunction with corneal transplant procedures. ***Ohio*** added coverage of single and double lung transplants. ***Idaho*** expanded its Medicaid program to include soft organ transplants.

Vaccinations:

Three States expanded their coverage of vaccinations. ***Ohio*** now provides statewide coverage of the Hemophilus Influenza B (HIB) vaccine for the chronically mentally ill. ***Arkansas*** added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. ***Pennsylvania*** now reimburses clinics for certain vaccines listed under EPSDT guidelines.

Eliminated Services

Three States eliminated services. ***Maryland*** eliminated coverage of hospital inpatient services for the General Public Assistance and State-only eligibility categories. In addition, ***Maryland*** no longer covers outpatient hospital services for recipients in State-only eligibility categories, except subsidized adoption recipients. ***Michigan*** discontinued coverage of subacute substance abuse services. ***Utah*** no longer covers bone marrow transplants for recipients 21 years of age and older. ***Utah*** also eliminated coverage of rural health services for its medically needy recipients.

Home- and Community-Based Waivers

Nineteen States received approval to implement a total of 28 waiver programs authorized under Section 2176 of the Omnibus Budget Reconciliation Act of 1981. These States are ***Alabama, Colorado, Connecticut, Delaware, Florida, Illinois, Iowa, Kansas, Missouri, Montana, New Hampshire, New York, Ohio, Pennsylvania, South Carolina, Texas, Vermont, Virginia,*** and ***Wyoming.***

A total of 15 States received waivers to provide services to the mentally retarded and the developmentally disabled. Four States, ***Colorado, Delaware, Iowa,*** **and** ***Virginia,*** received waivers to serve persons with AIDS or AIDS related conditions. Finally, ***Alabama, Florida,*** and ***Kansas*** received waivers to establish programs for the physically disabled. For more information about home- and community-based waivers see the Program Characteristics section at Chapter 3.

CHAPTER 2

STATE MEDICAID PROGRAM CHANGES

ADMINISTRATION AND MANAGEMENT

THIRD PARTY LIABILITY

KY *A 07/91 (+) Kentucky revised participation requirements for nursing facilities. Each nursing facility shall have at least 35%, but not less than 10 beds, of the Medicaid-certified beds also certified for Medicare. If a facility has less than 10 Medicaid certified beds, all beds must then be certified for Medicare as well. Nursing facilities which currently have fewer than the above minimum must initiate efforts to meet the minimum requirements.

OK *A 02/91 ( ) Oklahoma received a waiver of the Medicaid Third Party Liability (TPL) cost avoidance requirements for prescription drug services. This waiver is in effect through February 28, 1994.

FRAUD, ABUSE, AUDITING, RECOVERIES

NM *A 04/91 ( ) New Mexico imposed civil monetary penalties and assessments against persons who violate certain provisions of the Medicaid Fraud Control Act.

CLAIMS PROCESSING

VA *A 07/91 ( ) Virginia reduced the number of threshold days from 21 to 14 at which manual utilization reviews of in-patient hospital claims will be performed.

COVERAGE OF OPTIONAL GROUPS

AR *A 07/91 (+) Arkansas expanded its psychology services to include recipients aged 21 and older. Benefit limits are established per state fiscal year (July 1-June 30). The following limits apply:

DESCRIPTION	BENEFIT LIMIT
Diagnosis	1 encounter/yr.
Psychological test/evaluation	1 encounter/yr.
Psychological tests/battery	1 encounter/yr.
Interpretation of diagnosis	1 encounter/yr.
Crisis management visit	48 units/yr.
Individual outpatient therapy	4 units/wk.
Marital/family therapy	6 units/wk.
Ind. outpatient collateral	12 units/90 days
Group outpatient therapy	6 units/wk.

AR *A 07/91 ( ) Arkansas set a limit of 18 visits per state fiscal year for podiatry services for recipients age 21 and older.

AR *A 07/91 (+) Arkansas expanded the dental program to include recipients age 21 and older when services are provided for relief of pain.

AR *A 07/91 (+) Arkansas expanded the chiropractor program to include recipients age 21 and over. A benefit limit of 12 visits per state fiscal year has been established.

AR *A 07/91 (+) Arkansas expanded the occupational, physical and speech therapy program to include recipients age 21 and over. A benefit limit of 3 units per day per recipient has been established.

AR *A 07/91 (+) Arkansas expanded psychology services to include recipients age 21 and older.

KS *A 07/91 ( ) Kansas Medicaid now makes Home-and Community-Based mental retardation and developmentally disabled services available to minor children, ages 5-18.

LA *A 09/91 (+) Louisiana, per Supreme Court order, mandated new childhood disability standards specific to children's disability decisions and reviews of denials since January 1980.

OK *A 01/91 (+) Oklahoma added presumptive eligibility for pregnant women.

OR *A 07/91 (-) Oregon revised the medically needy program as follows:
- children under 18 years of age will get full medical coverage;
- pregnant women under 21 years of age will get full medical coverage with dental;
- pregnant women 21 years and older will get full medical coverage except dental;
- clients who are age 65 and over, blind, or disabled will only have coverage for prescription drugs and services provided by community mental health or drug and alcohol programs; and
- clients under age 21 who are blind or disabled will get full medical coverage.

WA *A 02/91 (+) Washington established an expedited Medicaid disability program for individuals 18 years of age and older. This program is designed to assist general assistance - unemployable clients who have a disability decision pending with SSA by providing the full scope of medical care.

WA *A 01/91 (+) Washington expanded coverage to children under age 18, up to 100% of FPL, through the state-funded Children's Health Program.

INCOME LEVELS

AZ *A 06/91 (+) Arizona increased AFDC assistance from 33% of FPL to 36% of FPL.

AR *A 07/91 ( ) Arkansas increased the eligibility income limits for pregnant women and infants under one year of age to 185% of the federal poverty level.

DE *A 04/91 (+) Delaware expanded coverage of pregnant women and infants from 133% of FPL to 160% of FPL.

DE *A 01/91 (+) Delaware increased the long term care Medicaid income limit to 210% of SSI income level.

IA *A 10/91 ( ) In Iowa, persons in medical institutions who have earned income are permitted a $65 deduction for personal needs from earned income.

MD *A 11/91 (+) Maryland has increased eligibility from 200 to 300 percent of the Federal poverty level for the Maryland AIDS Insurance Assistance Pilot Program.

NE *A 01/91 (+) Nebraska no longer requires that unearned income be considered when determining eligibility for transitional medical assistance.

NH *A 01/91 (+) New Hampshire increased the standard of need for adults in independent living arrangements by 5.4%.

NJ *A 01/91 (+) New Jersey increased the income eligibility levels for the Pharamceutical Assistance to the Aged and Disabled (PAAD) Program from $13,650 to $15,000 for a single person, and from $16,750 to $19,250 for a couple.

NM *A 07/91 (+) New Mexico increased eligibility for pregnant women and infants from 133% to 185% of the federal poverty level.

NM *A 01/91 ( ) New Mexico increased the income standard for Institutional Care from $989 to $1,043. The proposed increase is 5.4%.

NY *A 01/91 (+) New York State implemented the increased maximum community spouse resource allowance ($66,480) and minimum monthly maintenance needs allowance ($1,662) used in determining Medicaid eligibility for an institutionalized spouse. New York State implemented the increased maximum family member allowance ($329) used in determining Medicaid eligibility for an institutionalized spouse.

NY *A 01/91 (+) New York increased income eligibility standards for medical assistance as follows:

Family Size	Monthly Income
1	$500
2	717
3	725
4	850
5	992
6	1134
7	1275
8	1417

RESOURCE STANDARDS/RULES

AL *A 09/91 (-) Alabama no longer covers presumptive eligibility for pregnant women.

AL *A 02/91 (-) Alabama changed the transfer of resources provision. Individuals who have transferred resources are now eligible for all Medicaid services for the penalty period, with the exception of nursing home payments. These individuals will be identified on the monthly eligibility list sent to the nursing home as not eligible for nursing home payments.

CA *A 09/91 (-) California changed financial eligibility determinations for medical services for handicapped children whose families are unable to pay for their care. As of September 1, 1991, counties shall determine and collect an annual enrollment fee and report payments received and due to the department on a quarterly basis. Counties may arrange for a lump sum or periodic payments from families, or may waive the fee if it results in undue hardship.

HI *A 10/91 (+) Hawaii established guidelines for comprehensive non-acute rehabilitative services for children from birth to 6 years of age. These guidelines include a requirement that functional levels be clearly stated in the plan of care based on one of two suggested grading schemes.

Evaluations will be reimbursed at a flat rate of $15.00 per 15 minutes up to one and one-half hours per evaluation. Evaluations at this rate will be reimbursed no more than once every 6 months for each therapeutic service.

ID *A 12/91 (+) Idaho revised and clarified its AFDC manual, to:

ID *A 11/91 (+) Idaho added hospital care to the levels of care which a disabled child can meet to qualify for Medicaid under home care for certain disabled children. A child requiring a level of care provided in a hospital must, among other eligbility requirements, be safely cared for at home at less cost to Medicaid than hospitalization.

ID *A 01/91 ( ) Idaho now requires clients applying for Medicaid under the home- and community-based services' income limit to receive personal care services under waiver as a condition of Medicaid eligibility.

ID *A 01/91 (-) Idaho now requires individuals entitled to enroll in a cost-effective group insurance program to do so, as a condition of receiving Medicaid.

ID *A 01/91 (+) Idaho increased the resource standards for computing the Community Spouse Resource Allowance under the Federal Spousal Impoverishment Program. Nursing home care benefits increased to 300% of the '91 SSI federal benefits rate for an individual. Home and Community-Based services benefits income limit increased by the percentage of the '91 Social Security cost-of-living adjustment.

IA *A 01/91 ( ) Iowa's medically needy income level has been increased 4%.

KS *A 09/91 ( ) Kansas Medicaid limits the gross income of those eligible for long-term nursing facility care coverage to no more than 300% of the 1-person SSI benefit level.

MN *A 01/91 (+) Minnesota expanded the age limit on the Children's Health Program from 9 to 18.

MO *A 04/91 (-) Missouri expanded the criteria for entry into the case management program for pregnant women to include psycho-social risk factors.

MT *A 01/91 (+) Montana added presumptive and continuous eligibility for pregnant women.

NH *A 07/91 ( ) New Hampshire increased to six months the maximum redetermination/certification period which may be assigned to AFDC-related medical assistance.

NM *A 04/91 ( ) New Mexico Medicaid excluded Radiation Exposure Compensation Act payments from consideration as income or resources for purposes of determining Medicaid eligibility in all categories.

WA *A 03/91 (+) Washington changed eligibility determination for a pregnant minor living with her parents. Under the

new eligibility process, the income of the pregnant minor's parents is not counted unless it is actually received by the minor.

OTHER ELIGIBILITY CHANGES

AR *A 07/91 (+) Arkansas reinstated its medically needy program.

TX *A 10/91 (+) Texas revised the spend down period for determining medically needy eligibility from six months to one.

GENERAL

Amount, Duration and Scope

AR *A 01/91 (-) Arkansas now requires all child health management services, including brief consultation visits (code Z1573), to be performed in a clinic setting; they can no longer be performed off-site.

IL *A 11/91 (-) Illinois limited payment for pre-operative days to the day immediately preceding surgery unless the attending physician has documented the medical necessity of an additional day or days.

IL *A 11/91 (-) Illinois no longer provides coverage for heart, liver, and bone marrow transplants.

IL *A 10/91 (+) Illinois provides financial and medical assistance to individuals while an application for Supplemental Security Income (SSI) is pending if the Department determines that the individual will more likely than not be eligible for SSI.

IA *A 07/91 (-) Iowa Medicaid added a home and community-based services waiver for the elderly. The waiver is limited to seven counties. The following services are provided: adult day care, home health service, homemaker service, nursing care and respite care.

KS *A 08/91 ( ) Kansas Medicaid no longer covers wellness monitoring (W1109) for HCBS recipients when provided within the same 60-day period as skilled nursing services provided by a home health agency.

KS *A 07/91 ( ) Kansas Medicaid now covers only the following services for MediKan recipients:
- Community mental health services, 80 hours of targeted case management per calendar year;
- partial hospitalization, limited to 400 hours per calendar year;
- 2 medication reviews per month, per calendar year year, and
- 10 hours of individual, group, or family therapy or any combination of these, per calendar year.

In addition, the following services are covered:
- Diagnostic laboratory and radiology services
- DME and medical supplies
- Outpatient hospital diagnostic laboratory and

radiology services
- Pharmacy services
- Physician, physician assistant and advanced registered nurse practitioner services, limited to 12 office visits, per calendar year.

MA *A 08/91 (-) Massachusetts limits coverage for General Relief recipients for the following services: physician services; community health center services; methadone treatment, including counseling; and prescription drugs.

MT *A 02/91 ( ) Montana added a new provider type, Medical Assistance Facilities (MAF). These facilities will operate as part of a U.S. Department of Health and Human Services demonstration project which was authorized by OBRA 90.

OR *A 06/91 (-) Oregon revised the medically needy program as follows:
- children under 18 years of age will get full medical coverage;
- pregnant women under 21 years of age will get full medical coverage with dental;
- pregnant women 21 years and older will get full medical coverage except dental;
- clients who are age 65 and over, blind, or disabled will only have coverage for prescription drugs and services provided by community mental health or drug and alcohol programs; and
- clients under age 21 who are blind or disabled will get full medical coverage.

VA *A 10/91 (+) Virginia increased maximum payments for services to pediatric and obstetric patients.

WA *A 02/91 (+) Washington established an expedited Medicaid disability program for individuals 18 years of age and older. This program is designed to assist general assistance - unemployable clients who have a disability decision pending with SSA by providing the full scope of medical care.

WI *A 07/91 (+) Wisconsin implemented a supplemental funding program for government-dependent rural hospitals.

Utilization Controls

AR *A 02/91 ( ) Arkansas now allows providers performing prior authorized surgical procedures 60 days from date of service to obtain prior authorization if the Medicaid recipient is under age 21.

CA *A 09/91 (-) California changed financial eligibility determinations for medical services for handicapped children whose families are unable to pay for their care. As of September 1, 1991, counties shall determine and collect an annual enrollment fee and report payments received and due to the department on a quarterly basis. Counties may arrange for a lump sum or periodic payments from families, or may waive the fee if it results in undue hardship.

IA *A 02/91 (-) Iowa has changed the minimum lock-in time from six to 24 months.

ME *B 03/91 (-) Maine proposed to eliminate its health occupational training program.

NY *A 01/91 (-) New York Medicaid strengthened the Recipient Restriction Program (RRP) by implementing the following policy and systems changes.

1. Expanded the RRP to require restricted recipients to obtain ancillary services under the direction of their primary providers(s).
2. Established a monthly case management fee to be paid to primary physicians which will encourage physician participation in the RRP.
3. Expanded the RRP to include lock-in to up to four other categories of providers (podiatrists, dentists, and DME dealers) where recipient abuse had been documented.
4. Established restriction as the penalty for card loaning.
5. Lengthened the period of time a restricted recipient will be restricted. This will provide for coordinated care over a longer period of time and ensure that abusive recipients modify their behavior.
6. Implemented systems changes to the Electronic Medicaid Eligibility Vertification System (EMEVS) that allow providers to determine restriction status, as well as eligibility.
7. Implemented changes to the MMIS claims processing system that ensure that only those claims

for services provided in accordance with the new guidelines outlined above are paid.

8. Implemented systems changing, allowing for restrictions to begin on a weekly basis as opposed to the first day of each calendar month.
9. Accelerated implementation of restrictions by a 2-3 month period.
10. Increased reviews by 44% from 5,263 in 1990.

PA *A 07/91 ( ) Pennsylvania instituted an enhanced recipient restriction program (ERRP) for those GA recipients who abuse MA services. Under this program the recipient will not receive an MSE card; the recipient must obtain all services from a department-designated clinic/pharmacy combination; when specialty services are needed, the clinic physician will provide the recipient with a restricted recipient referral form (MA-45) for the needed service; and, the recipient must show another valid identification form in lieu of an MSE card to the clinic/pharmacy combination prior to receiving services.

VT *B 03/91 (-) Vermont proposed instituting co-payments for certain services as follows:

1. $50 of the Medicaid hospital per diem rate for the first day of an inpatient hospital stay in a general hospital.

2. $3.00 per day per hospital for outpatient services.

3. $1.00 per day per provider for physician services, not to exceed $30.00 in any calendar year.

4. $1.00 per prescription, original or refill.

Exempted from the co-pay will be patients in a LTC facility or under the age of 18. Other exceptions include: services reimbursed by the Dept. of Mental Health & Mental Retardation, the Office of Alcohol and Drug Abuse Programs, and the Dept. of Health; services provided by an HMO or other prepaid health plan; emergency hospital services; pregnancy-related services furnished to women; home health, hospice, and home- and community-based services for the elderly and disabled; services provided by other licensed practitioners; services provided by rural health clinics and FQHCs; eyeglasses and oth-

er related parts; independent laboratory services; X-ray interpretations; transportation, including ambulances; medical supplies; durable medical equipment purchases and rentals and nursing services; oxygen and respiratory equipment and supplies; and family planning services.

ACUTE CARE

INPATIENT HOSPITAL CARE

Amount, Duration and Scope

AL *A 07/91 ( ) Alabama changed inpatient hospital day limitations as follows:

- Children under one year will not be limited as long as the stay is medically necessary. This applies to services provided by all hospitals.

- Authorized inpatient days for deliveries will be limited to a maximum of 8 days when routine benefit limits have been exhausted.

AL *A 07/91 (+) Alabama extended coverage for children under age 6 in disproportionate share hospitals to an unlimited number of days.

AL *A 07/91 (+) Alabama expanded the freedom of choice waiver for maternity care to St. Clair county. All pregnancy related services must be coordinated through the Jefferson County Health Department.

AR *A 12/91 (+) Arkansas now covers the following transplants with prior authorization under the EPSDT program:

- single lung transplants;

- skin transplants for burns of greater than 70% of the body surface area with more than 50% of that area being full thickness or a third degree burn;

- pancreas/kidney transplants with a diagnosis of juvenile diabetes with renal failure.

Benefits for all three procedures cover procurement

of the organ from a cadaver donor, hospital and physician services for the transplant, and post-operative care until discharged from the hospital.

AR *A 12/91 (-) Arkansas limited inpatient hospital services for recipients age 21 and older to the 75th percentile of the Professional Activities Study (PAS) length of stay by diagnosis for the southern region of the United States. The PAS is based on the primary discharge diagnosis. No extension will be authorized.

AR *A 07/91 ( ) Arkansas Medicaid added direct reimbursement of Certified Registered Nurse Anesthetists (CRNAs) employed by a hospital for all charges billed on a HCFA-1500 claim form.

AR *A 07/91 ( ) Arkansas limited all inpatient hospital admissions to 4 days when inpatient care is determined medically necessary. On the 5th day, an extension of inpatient days may be requested.

ID *A 10/91 (+) Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

KS *A 11/91 (-) Kansas has dropped the surgical supply, miscellaneous category.

KS *A 07/91 ( ) Kansas Medicaid does not cover alcohol and drug addiction treatment services in an inpatient hospital setting. Acute detoxification continues to be covered in a hospital when medically necessary.

KY *A 03/91 (+) Kentucky now covers rehabilitative hospitals under the Hospital Indigent Care Assurance Program (HICAP).

ME *B 05/91 (+) Maine Medicaid proposed to no longer reimburse for days awaiting placement.

MD *A 11/91 (-) Maryland eliminated coverage of hospital inpatient services for the General Public Assistance and State-Only eligibility categories.

MI *A 04/91 (-) Michigan will no longer cover subacute substance abuse services.

MO *A 10/91 (+) Missouri added coverage of lung transplants on a case-by-case basis when prior authorized.

MO *A 07/91 (+) Missouri expanded the length of stay to include all days for infants and children less than six in disproportionate share hospitals.

MO *A 06/91 (-) Missouri no longer uses a length of stay schedule especially for pediatrics.

MT *A 12/91 (+) Montana implemented coverage of autologous bone marrow transplants and liver transplants for adults. Liver transplants had previously been limited to individuals 18 years of age or younger.

MT *A 07/91 ( ) Montana removed previous restrictions in the definition of the type of facility which can be a residential treatment provider under the Inpatient Psychiatric Services for Individuals Under 21 category. These restrictions included: 1) that the facility be non-profit; 2) that it have at least 30 beds; and 3) that it be non-hospital based.

NV *A 10/91 (+) Nevada now reimburses the actual cost of corneal tissue up to $1,100. Purchase must be in conjunction with a corneal transplant procedure, and the invoice from the tissue supplier must be submitted with the claim. Payment shall be in addition to the facility fee.

OH *A 01/91 (+) Ohio added coverage of single and double lung transplants. Medicaid requires a review by Ohio solid Organ Transplantation Consortuim and prior authorization from the Department of Human Services.

SC *A 10/91 (-) South Carolina limited inpatient admissions to 3 per fiscal year for recipients age 21 or older.

UT *A 07/91 (-) Utah Medicaid no longer covers bone marrow transplants for recipients 21 and older. Bone marrow transplants are still a covered service for recipients under age 21.

VA *A 12/91 (+) Virginia now reimburses for inpatient psychiatric services provided under its EPSDT program.

Utilization Controls

AR *A 11/91 ( ) Arkansas dropped prior authorization requirements for certain inpatient, outpatient, and physician services.

AR *A 11/91 ( ) Arkansas no longer requires prior authorization for laparoscopy and cholecystectomy procedures.

AR *A 07/91 (+) Arkansas removed the Medicaid Utilization Management Program (MUMP) requirement for inpatient hospital services for individuals under age 21.

AR *A 07/91 ( ) Arkansas Medicaid established the Medicaid Utilization Management Program (MUMP) to determine length of stay reimbursement for all inpatient acute care/general and rehabilitative hospital services.

AR *A 07/91 (+) Arkansas eliminated the prior authorization requirement for the tissue typing procedure codes pertaining to organ transplants when performed on a Medicaid recipient or donor.

AR *A 05/91 ( ) Arkansas Medicaid no longer requires prior authorization for services provided by an anesthesiologist.

CA *B 05/91 (+) California increased from two to three the maximum number of days a woman who delivered by C-section may stay in the hospital without prior authorization. (The maximum number of days for women who deliver vaginally remains at two.)

CT *A 07/91 (+) Connecticut instituted prior authorization requirements for certain inpatient surgical procedures.

IL *A 11/91 ( ) Illinois may require hospitals to submit claims to the Department of Public Health for prepayment review and approval prior to rendering payment for services provided.

MI *A 06/91 ( ) Michigan dropped the prior authorization requirement for any orthosis or prosthesis that is required for inpatient hospital treatment only.

NM *A 10/91 (+) New Mexico set reimbursement rates for out of state (over 100 miles from the state border) specialty hospitals and residential treatment centers at 70% of billed charges or a negotiated rate.

OH *A 09/91 ( ) Ohio now excludes from preadmission certification transfers from one hospital to another, with the exception of those hospitals identified for intensified review of transfers.

PA *A 04/91 (-) Pennsylvania added second surgical opinions as a requirement for the following services: submucous resection, bunionectomy, carotid endarterectomy, and hip replacement.

TN *A 12/91 (+) Tennessee implementeda separate pre-approval certification process for inpatient admissions and continuing stays for psychiatric and substance abuse treatment services in acute care hospitals.

VA *A 08/91 ( ) Virginia implemented a pre-authorization and utilization review process for long-stay acute care hospitals.

WA *A 08/91 (+) Washington removed the prior authorization requirement for critical care services.

OUTPATIENT HOSPITAL SERVICES

Amount, Duration and Scope

AR *A 12/91 (+) Arkansas now covers, when performed in an outpatient hospital setting, speech, language, or hearing therapy with continuing medical supervision for individuals or group; and individual or group occupational therapy.

AR *A 09/91 (+) Arkansas Medicaid added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. The above procedure is payable to physicians, outpatient hospitals, and ambulatory surgical centers.

AR *A 07/91 ( ) Arkansas established a limit of 18 visits per state fiscal year for outpatient hospital services for recipients age 21 and over.

AR *A 07/91 ( ) Arkansas no longer limits outpatient chemotherapy or radiation therapy.

HI *A 03/91 (+) Hawaii established guidelines for comprehensive non-acute rehabilitative services for children from birth to 6 years of age. These guidelines include a requirement that functional levels be clearly stated in the plan of care based on one of two suggested grading schemes.

Evaluations will be reimbursed at a flat rate of $15.00 per 15 minutes up to one and one-half hours per evaluation. Evaluations at this rate will be reimbursed no more than once every 6 months for each therapeutic service.

MD *A 07/91 (-) Maryland Medicaid no longer covers outpatient hospital services for recipients in state-only eligibility categories, except subsidized adoption recipients. The program will continue to cover true emergency services provided in hospital emergency rooms.

NY *A 09/91 (-) New York established sanction periods for clients who refuse to participate in, or leave, an appropriate outpatient rehabilitation program prior to the completion of the program when the alcohol or substance abuse is the primary cause of the client's need for rehabilitation.

TX *A 05/91 (+) Texas adopted a disproportionate share program for state-owned teaching hospitals.

Utilization Controls

AR *A 11/91 ( ) Arkansas dropped prior authorization requirements for certain inpatient, outpatient, and physician services.

GA *A 04/91 (+) Georgia now provides payments to hospitals which offer birthing and parenting classes to Medicaid eligible pregnant women. Also, a total of two post-partum visits in the home within 21 days following the mothers discharge is now reimburseable at a maximum of $60.00 per visit.

TX *A 05/91 (-) Texas added prior authorization as a requirement for maxillofacial/craniofacial surgery and destruction of cutaneous vascular proliferative lesions.

VA *A 08/91 ( ) Virginia eliminated the second surgical opinion requirement on certain surgical procedures.

VA *A 01/91 ( ) Virginia implemented a program to authorize services and conduct utilization reviews of outpatient rehabilitative services.

WA *A 12/91 ( ) Washington now requires prior authorization before a polysomnogram is performed for any patient over one year of age.

HOSPITAL EMERGENCY ROOM SERVICES

RURAL HEALTH CLINIC SERVICES

Amount, Duration and Scope

AR *A 12/91 (-) Arkansas has instituted a 12-visit per fiscal year (July 1-June 30) cap for rural health clincs and Federally Qualified Health Centers (FQHCs). The following services count towards the 12 visits:

- physician services in the office, home, or nursing facility;
- visits to any FQHC;
- visits made to a rural health clinic;
- medical services provided by a dentist;
- medical services provided by a podiatrist; and
- office medical services provided by a optometrist.

Extensions will be considered for recipients in a life-threatening situation when requested by a physician.

ME *A 04/91 (+) Maine now covers asthma self-management services under optional ambulatory services provided at rural health clinics. The management program must be one of the following: airpower, airwise, open airways, superstuff, living with asthma, or ACT.

Each program must have a physician provider, a licensed health professional or health educator as primary instructor, pre-and past-assessments as part of the clients' records, an advisory committee, and a physician referral for all participants.

PA *A 11/91 (+) Pennsylvania now reimburses clinics for certain vaccines listed under EPSDT guidelines, with the following limitations:

1. Hospitals with a pharmacy may not enroll the hospital clinic to bill for vaccines.

2. This policy does not apply to other drugs dispensed during the clinic visit.

3. This policy does not apply to vaccines administered in hospital emergency rooms.

4. Clinics can no longer refer recipients to an enrolled pharmacy to obtain the vaccine and then return to the clinic for the vaccine's injection.

5. Clinics may not bill for a clinic visit in addition to the vaccine injection if the sole purpose of the visit is to receive the injection.

UT *A 04/91 (-) Utah eliminated coverage of the following services for Medically Needy recipients:

- methadone treatment;
- ambulatory surgical;
- rural health services;
- vision services;
- psychology services;
- optical supplies; and
- speech and hearing services.

OTHER CLINIC SERVICES

Amount, Duration and Scope

AR *A 12/91 (-) Arkansas has instituted a 12-visit per fiscal year (July 1-June 30) cap for rural health clincs and Federally Qualified Health Centers (FQHCs). The following services count towards the 12 visits:

- physician services in the office, home, or

nursing facility;

- visits to any FQHC;
- visits made to a rural health clinic;
- medical services provided by a dentist;
- medical services provided by a podiatrist; and
- office medical services provided by a optometrist.

Extensions will be considered for recipients in a life-threatening situation when requested by a physician.

AR *A 09/91 (+) Arkansas Medicaid added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. The above procedure is payable to physicians, outpatient hospitals, and ambulatory surgical centers.

AR *A 07/91 (-) Arkansas limited FQHC services to 18 visits per state fiscal year.

AR *A 07/91 (-) Arkansas now limits hemodialysis to 3 times weekly.

AR *A 01/91 ( ) Arkansas now requires all child health management services, including brief consultation visits (code Z1573), to be performed in a clinic setting; they can no longer be performed off-site.

ID *A 10/91 (+) Idaho now reimburses mental health clinics directly for psychotherapy services provided to nursing home clients. Clients need to be screened through the PASARR level 2 process.

ID *A 04/91 (+) Idaho now covers case management through clinics for brain-damaged individuals. Through diagnostic screening, the clinic will assess the patients' needs and assure patient and physicians easy access to medical files and care.

ME *A 91/91 (+) Maine added medical and consultative services in family planning agencies for adolescents and young adults. These services include physical examinations, age-appropriate counseling, and referral for needed services that are not available at the

family planning clinic. Also, licensed dieticians were added for nutritional consultation services through the family planning agency.

MT *A 07/91 (+) Montana added Federally Qualified Health Centers as a provider.

PA *A 11/91 (+) Pennsylvania now reimburses clinics for certain vaccines listed under EPSDT guidelines, with the following limitations:

1. Hospitals with a pharmacy may not enroll the hospital clinic to bill for vaccines.

2. This policy does not apply to other drugs dispensed during the clinic visit.

3. This policy does not apply to vaccines administered in hospital emergency rooms.

4. Clinics can no longer refer recipients to an enrolled pharmacy to obtain the vaccine and then return to the clinic for the vaccine's injection.

5. Clinics may not bill for a clinic visit in addition to the vaccine injection if the sole purpose of the visit is to receive the injection.

PA *A 05/91 (+) Pennsylvania will now reimburse outpatient psychiatric clinics for five monitoring and evaluation visits per calendar month for patients on Clozaril therapy.

PA *A 04/91 (-) Pennsylvania no longer covers observation and monitoring in a short procedure unit (SPU) or free-standing ambulatory surgical center (ASC) following the performance of medical, medical diagnostic, and radiological procedures. Payments for ASC/SPU admissions already include payment for recovery rooms.

UT *A 04/91 (-) Utah eliminated coverage of the following services for Medically Needy recipients:

- methadone treatment;
- ambulatory surgical;
- rural health services;
- vision services;

- psychology services;
- optical supplies; and
- speech and hearing services.

Utilization Controls

NY *A 09/91 (-) New York Medicaid established the Utilization Threshold Program. This program sets a threshold for certain ambulatory medical services a recipient is entitled to before documenting the medical necessity of additional services. The services and threshold levels are as follows:

Physician/Clinic	14 visits per benefit year
Laboratory	18 procedures per benefit year
Pharmacy (including prescription and over the counter medications and supplies)	60 items per benefit year for recipients who are under 21, certified blind or disabled, 65 and older, or AFDC recipients. 43 items per benefit year for recipients age 21-64 who qualify for the State Home Relief Program.

The program was implemented on March 1, 1991 for the Home Relief adult populations and on September 15, 1991, for all other recipients.

PHYSICIAN SERVICES

Amount, Duration and Scope

AR *A 10/91 (+) Arkansas Medicaid added coverage of supracervical hysterectomy (Procedure Code 58180), with or without removal of tube(s), with or without removal of ovary(s). Procedure requires prior authorization.

AR *A 09/91 (+) Arkansas Medicaid added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. The above procedure is payable to physicians, outpatient hospitals, and ambulatory surgical centers.

AR *A 07/91 ( ) Arkansas established a physician services benefit limit of 18 visits per state fiscal year for recipients age 21 and over.

HI *A 11/91 ( ) Hawaii's legislature authorized Medicaid to conduct a 3-year demonstration project to encourage provider participation in the care of pregnant Medicaid recipients and to improve access to early comprehensive obstetrical care for pregnant women. All Medicaid certified physicians and nurse midwives may participate in this project if they provide the following services:

- Prenatal care;
- Delivery (vaginal or cesarean section);
- Postpartum care.

Reimbursement for obstetrical services in this demonstration project will be increased to prevailing community levels if comprehensive obstetrical care is provided.

KS *A 01/91 ( ) Kansas now covers CPT procedure codes 90225 (History and examination of the normal newborn infant, initiation of diagnosis and treatment) and Y9519 (Newborn nursery visit in hospital) as initial KAN Be Healthy screens.

ME *A 01/91 (+) Maine added medical and consultative services in family planning agencies for adolescents and young adults. These services include physical examinations, age-appropriate counseling, and referral for needed services that are not available at the family planning clinic. Also, licensed dieticians were added for nutritional consultation services through the family planning agency.

NE *A 01/91 (+) Nebraska now covers non-eligible pregnant women if the baby is determined to be eligible. Covered services are pregnancy related, prenatal, delivery, postpartum (through 60 days) and family planning.

NM *A 08/91 (+) New Mexico began phasing in a primary care physician case management system.

PA *A 10/91 ( ) Pennsylvania revised immunization guidelines for EPSDT recipients as follows:

AGE	IMMUNIZATIONS
2 months	DTP, OPV, HBOC or PRP-OMP
4 months	DTP, OPV, HBOC or PRP-OMP
6 months	DTP, HBOC
12 months	PRP-OMP

	15 months	MMR, HbCV
	18 months	DTP, OPV
	4- 6 years	DTP, OPV
	10-12 years	MMR
	14-16 years	Td

TX *A 09/91 (+) Texas added coverage of services by certified registered nurse anesthetists.

Utilization Controls

AR *A 11/91 ( ) Arkansas dropped prior authorization requirements for certain inpatient, outpatient, and physician services.

NURSE PRACTITIONER, MIDWIFE, PHYSICIAN EXTENDER SERVICES

Amount, Duration and Scope

ME *A 07/91 (+) Maine expanded the nurse-midwife range of care to include routine newborn care not to exceed 4 weeks, and gynecological care for women.

NE *A 01/91 (+) Nebraska now covers certified pediatric nurse practitioners and certified family nurse practitioners. Reimbursement for their services is made at the lower of the providers' submitted charge or a percentage of the amount allowable under the Nebraska Medicaid Practitioner Fee Schedule.

NV *A 09/91 ( ) Nevada now allows physician assistants to enroll as Medicaid providers. The service limitations are the same as those that apply to physician/clinic visits.

NM *A 04/91 ( ) New Mexico offers direct Medicaid reimbursement to certified nurse practitioners, all specialties.

OPTOMETRIST SERVICES

Amount, Duration and Scope

GA *B 11/91 (-) Georgia proposed eliminating coverage of eyeglasses, refractions, dispensing fees, and other refractive services or items for recipients 21 years of age or older.

ID *A 10/91 (+) Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

MI *A 08/91 (+) Michigan now covers polycarbonate lenses in regular, non-protective child-sized frames.

Utilization Controls

MI *A 07/91 (+) Michigan no longer requires additional documentation for the use of regular plastic lenses for eyeglasses. Eyeglass cases will also be provided for every complete pair of glasses ordered.

NE *A 09/91 ( ) Nebraska removed prior authorization requirements for routine visual care services, removed 2-year limits on frames and lenses, and converted to HCPCS procedure codes for visual care services.

DENTIST SERVICES

Amount, Duration and Scope

AR *A 07/91 (+) Arkansas expanded the dental program to include recipients age 21 and older when services are provided for relief of pain.

GA *B 11/91 (-) Georgia proposed limiting coverage of dental services to emergency exams, extractions, x-rays, and repair of fractured jaws for recipients 21 years of age and older.

ID *A 10/91 (+) Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

KS *A 02/91 ( ) Kansas requires Adult Care Homes (ACH) to pay for nonambulance medical transportion (NAMT) providers. These costs are to be included in ACH's annual cost report, and the per diem rate includes these costs.

KY *A 01/91 (+) Kentucky added coverage of the following dental procedures:

- surgical exposure of impacted or unerupted tooth for orthodontic reasons.

- periodontal scaling and root planning: 1 per

quadrant, per 12 months, per provider.

- intravenous sedation: limited to recipients under age 21.

- pin retention: limited to permanent teeth; lifetime maximum of 2 per tooth.

ME *A 10/91 (-) Maine no longer reimburses for dentures in clients age twenty-one and over.

MI *A 12/91 (-) Michigan no longer covers most dental services for clients aged 21 and over except for emergencies and oral surgery. Prior authorization is required.

MO *A 02/91 (-) Missouri Medicaid has limited dental services for recipients age 21 and over to specifically identified emergency and pain relief services.

NM *A 04/91 (+) New Mexico added orthodontia services under the enhanced EPSDT program.

OR *A 07/91 (-) Oregon limited coverage of dental services to children 18 months through 20 years of age.

OR *A 07/91 (-) Oregon no longer covers dental services to anyone over the age of 21.

WA *A 12/91 (-) Washington no longer covers dental services for adults over age 21 in the Medically Needy program.

Utilization Controls

AR *A 09/91 ( ) Arkansas Medicaid Program no longer requires prior authorization for procedure code 90230 - Analgesia NO2 when requesting one unit of service per day. Requests for more than one unit of NO2 per day will continue to require prior authorization by report.

FL *A 03/91 ( ) Florida no longer requires prior authorization for certain dental procedures.

KS *A 07/91 ( ) Kansas Medicaid now covers dental sealants for KAN Be Healthy partcipants. The service is limited to one per year, with prior-authorization required if the service is needed more often.

KY *A 10/91 (+) Kentucky now covers a one-per-lifetime occlusal orthotic appliance (flat plane splint or anterior repositioning splint) for recipients under 21 years of age. The service requires prior authorization.

OK *A 04/91 (-) Oklahoma added prior authorization as a requirement for the following:
- dental services,
- purchase of oxygen equipment; and
- adaptive equipment for persons residing in private ICF/MR's.

PODIATRIST SERVICES

Amount, Duration and Scope

AR *A 07/91 ( ) Arkansas set a limit of 18 visits per state fiscal year for podiatry services for recipients age 21 and older.

GA *B 11/91 (-) Georgia proposed eliminating coverage for podiatric non-essential services. Elective procedures will become non-covered for recipients 21 years of age and over.

KS *A 09/91 ( ) Kansas Medicaid now covers podiatry services for MediKan and KAN Be Healthy participants only.

MI *A 12/91 (-) Michigan no longer covers podiatry services for clients aged 21 and over.

Utilization Controls

OH *A 02/91 ( ) Ohio no longer requires prior authorization for total physician clinic and podiatric visits in excess of 24.

CHIROPRACTOR SERVICES

Amount, Duration and Scope

AR *A 07/91 (+) Arkansas expanded the chiropractor program to include recipients age 21 and over. A benefit limit of 12 visits per state fiscal year has been established.

KS *A 09/91 ( ) Kansas no longer covers chiropractic services for Medicaid recipients.

KS *A 09/91 ( ) Kansas Medicaid now covers chiropractic service for MediKan and KAN Be Healthy participants only.

MI *A 12/91 (-) Michigan no longer covers chiropractic x-rays for clients aged 21 and over.

MI *A 04/91 (-) Michigan no longer covers spinal manipulations by chiropractors, except when medically necessary for clients under age 21.

WA *A 12/91 (-) Washington no longer covers chiropractic services for adults over age 21 in the categorically needy and general assistance-unemployable program.

PHYSICAL THERAPY SERVICES

Amount, Duration and Scope

AL *A 07/91 (-) Alabama will no longer cover physical therapy when provided in a physician's office unless an EPSDT referral has been made. Medicaid will continue to cover this service in a hospital setting for an acute condition without prior approval.

AR *A 07/91 (+) Arkansas expanded the occupational, physical and speech therapy program to include recipients age 21 and over. A benefit limit of 3 units per day per recipient has been established.

FL *A 10/91 (+) Florida now covers physical, occupational, speech, and respiratory therapies to children under age 21 who participate in the EPSDT program.

HI *A 11/91 (+) Hawaii established guidelines for comprehensive non-acute rehabilitative services for children from birth to 6 years of age. These guidelines include a requirement that functional levels be clearly stated in the plan of care based on one of two suggested grading schemes.

Evaluations will be reimbursed at a flat rate of $15.00 per 15 minutes up to one and one-half hours per evaluation. Evaluations at this rate will be reimbursed no more than once every 6 months for each therapeutic service.

VA *A 10/91 ( ) Virginia expanded Medicaid provider enrollment to permit local school divisions to be enrolled as Medicaid providers of physical, occupational, and speech therapies.

Utilization Controls

AL *A 07/91 ( ) Alabama will no longer require prior approval for outpatient physical therapy. Service providers need to establish a treatment plan to be placed in the patients' medical record. Records which do not meet the medical criteria, or in which the treatment plan is not appropriately documented, will result in the relevant claims not being recouped.

HI *A 08/91 (-) Hawaii revised the prior authorization requirement for occupational, physical therapy, and speech therapy provided by a home health agency. Previously physical therapy and occupational therapy did not require prior authorization for the first month. The policy has been revised requiring prior authorization any time occupational, physical therapy, and speech therapy services are provided by a home health agency or under HCBW, except for the purpose of an initial physical therapy or occupational therapy evaluation.

OR *A 02/91 ( ) Oregon Medicaid removed the prior authorization requirement from evaluations and re-evaluations for physical and occupational therapy services. In addition, Oregon Medicaid limited re-evaluation services to ten per 12 month period for any combination of occupational and physical therapy.

OCCUPATIONAL THERAPY SERVICES

Amount, Duration and Scope

AR *A 12/91 (+) Arkansas now covers, when performed in an outpatient hospital setting, speech, language, or hearing therapy with continuing medical supervision for individuals or group; and individual or group occupational therapy.

AR *A 07/91 (+) Arkansas expanded the occupational, physical and speech therapy program to include recipients age 21 and over. A benefit limit of 3 units per day per recipient has been established.

FL *A 10/91 (+) Florida now covers physical, occupational, speech, and respiratory therapies to children under age 21 who participate in the EPSDT program.

HI *A 10/91 (+) Hawaii established guidelines for comprehensive non-acute rehabilitative services for children from birth to 6 years of age. These guidelines include a requirement that functional levels be clearly stated in the plan of care based on one of two suggested grading schemes.

Evaluations will be reimbursed at a flat rate of $15.00 per 15 minutes up to one and one-half hours per evaluation. Evaluations at this rate will be reimbursed no more than once every 6 months for each therapeutic service.

ID *A 04/91 ( ) Idaho now covers occupational therapy by a home health service as a separate category.

OR *A 01/91 ( ) Oregon Medicaid removed the prior authorization requirement from evaluations and re-evaluations for physical and occupational therapy services. In addition, Oregon Medicaid limited re-evaluation services to ten per 12 month period for any combination of occupational and physical therapy.

PA *A 08/91 ( ) Pennsylvania now specifies that the home health agency professionals who may receive a physician's oral orders, put the orders in writing, and sign them when a change in treatment plan is needed are registered nurses, licensed practical nurses, or therapists (physical, occupational, and speech).

VA *A 10/91 ( ) Virginia expanded Medicaid provider enrollment to permit local school divisions to be enrolled as Medicaid providers of physical, occupational, and speech therapies.

Utilization Controls

HI *A 08/91 (-) Hawaii revised the prior authorization requirement for occupational, physical therapy, and speech therapy provided by a home health agency. Previously physical therapy and occupational therapy did not require prior authorization for the first month. The policy has been revised requiring prior authorization any time occupational, physical therapy, and speech therapy services are provided

by a home health agency or under HCBW, except for the purpose of an initial physical therapy or occupational therapy evaluation.

SPEECH, HEARING AND LANGUAGE THERAPY SERVICES

Amount, Duration and Scope

AR *A 12/91 (+) Arkansas now covers, when performed in an outpatient hospital setting, speech, language, or hearing therapy with continuing medical supervision for individuals or group; and individual or group occupational therapy.

AR *A 07/91 (+) Arkansas expanded the occupational, physical and speech therapy program to include recipients age 21 and over. A benefit limit of 3 units per day per recipient has been established.

FL *A 10/91 (+) Florida now covers physical, occupational, speech, and respiratory therapies to children under age 21 who participate in the EPSDT program.

HI *A 10/91 (+) Hawaii established guidelines for comprehensive non-acute rehabilitative services for children from birth to 6 years of age. These guidelines include a requirement that functional levels be clearly stated in the plan of care based on one of two suggested grading schemes.

Evaluations will be reimbursed at a flat rate of $15.00 per 15 minutes up to one and one-half hours per evaluation. Evaluations at this rate will be reimbursed no more than once every 6 months for each therapeutic service.

PA *A 08/91 ( ) Pennsylvania now specifies that the home health agency professionals who may receive a physician's oral orders, put the orders in writing, and sign them when a change in treatment plan is needed are registered nurses, licensed practical nurses, or therapists (physical, occupational, and speech).

UT *A 04/91 (-) Utah eliminated coverage of the following services for Medically Needy recipients:

- methadone treatment;
- ambulatory surgical;
- rural health services;
- vision services;

- psychology services;
- optical supplies; and
- speech and hearing services.

VA *A 10/91 ( ) Virginia expanded Medicaid provider enrollment to permit local school divisions to be enrolled as Medicaid providers of physical, occupational, and speech therapies.

AUDIOLOGIST SERVICES

Amount, Duration and Scope

GA *B 11/91 (-) Georgia proposed eliminating coverage of hearing aids for recipients 21 years of age and older.

ID *A 10/91 (+) Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

KS *A 11/91 ( ) Kansas now covers conditioning play audiometry (CPT procedure 92582) for KAN Be Healthy participants.

OTHER NON-PHYSICIAN PRACTITIONER SERVICES

Amount, Duration and Scope

NV *A 04/91 ( ) Nevada Medicaid now covers prior authorized respiratory therapy services, when provided in qualified nursing facilities or in the home.

OH *A 02/91 (+) Ohio has added clinical social workers (CSW) to the list of health professionals who can provide services under the general supervision of a physician.

Utilization Controls

KY *A 10/91 (+) Kentucky raised the maximum reimburseable amount for nurse aide training (NAT) from $.39 to $.45 per Medicaid patient day. The Medicaid days used to determine the maximum allowable NAT reimbursement are the days reported on Medicaid paid claims data for the most recent 12-month period preceeding the billing month.

PSYCHOLOGIST SERVICES

Amount, Duration and Scope

AR *A 10/91 ( ) Arkansas added therapeutic leave for psychiatric patients in an acute care hospital. Leave is allowed for a maximum of 8 hours per 24 hour period.

AR *A 07/91 (+) Arkansas expanded its psychology services to include recipients aged 21 and older. Benefit limits are established per state fiscal year (July 1-June 30). The following limits apply:

DESCRIPTION	BENEFIT LIMIT
Diagnosis	1 encounter/yr.
Psychological test/evaluation	1 encounter/yr.
Psychological tests/battery	1 encounter/yr.
Interpretation of diagnosis	1 encounter/yr.
Crisis management visit	48 units/yr.
Individual outpatient therapy	4 units/wk.
Marital/family therapy	6 units/wk.
Ind. outpatient collateral	12 units/90 days
Group outpatient therapy	6 units/wk.

AR *A 07/91 (+) Arkansas removed the established benefit limits for rehabilitative services for persons with mental illness. The length of service information and other policy guidelines remain unchanged.

ID *A 11/91 (+) Idaho now reimburses mental health clinics directly for psychotherapy services provided to nursing home clients. Clients need to be screened through the PASARR level 2 process.

KS *A 11/91 ( ) Kansas will not cover outpatient psychotherapy for Medicaid/MediKan recipients when provided by the same provider with the same 90 day period as partial hospitalization activity and/or targeted case management services, except for brief crisis therapy or continuing evaluation purposes.

KS *A 09/91 (-) Kansas now limits coverage to 1 session per day for group medical psychotherapy.

MT *A 07/91 ( ) Montana added licensed professional counselors as a provider. Coverage is limited to 22 hours per

fiscal year per recipient. This limit is shared with psychologists and licensed clinical social workers.

NV *A 12/91 (+) Nevada reimburses for acute psychiatric admissions of individuals under 21 years of age when they are referred as a result of EPSDT screening and authorized by peer review.

NJ *A 07/91 (+) New Jersey initiated coverage of targeted case management services to the seriously mentally ill.

NC *D 10/91 (+) North Carolina's General Assembly enacted legislation to provide Medicaid coverage for nutritional counseling, psycho-social counseling, and predelivery and post partum home visits by maternity care coordinators and public health nurses for Medicaid-eligible pregnant women.

OK *A 04/91 ( ) Oklahoma revised coverage of the following psychological services:

SERVICE DESCRIPTION	RATE
Psychological Services	$60.00/hour
Cognitive/Behavior	15.00/per 30 minutes.

Any combination of these services may not exceed 96 units every 12 months.

PA *A 05/91 (+) Pennsylvania will now reimburse outpatient psychiatric clinics for five monitoring and evaluation visits per calendar month for patients on Clozaril therapy.

TX *A 06/91 (+) Texas added rehabilitative services coverage for persons with mental illness.

UT *A 04/91 (-) Utah eliminated coverage of the following services for Medically Needy recipients:

- methadone treatment;
- ambulatory surgical;
- rural health services;
- vision services;
- psychology services;
- optical supplies; and
- speech and hearing services.

VA *A 12/91 (+) Virginia now reimburses for inpatient psychiatric services provided under its EPSDT program.

VA *A 07/91 (+) Virginia added case management services for persons having conditions of mental retardation who qualify for home- and community-based services. Effective 7/1/91.

Utilization Controls

MA *A 11/91 ( ) Massachusetts no longer requires pre-admission screening for substance abuse and psychiatric admissions.

TN *A 12/91 (+) Tennessee implementeda separate pre-approval certification process for inpatient admissions and continuing stays for psychiatric and substance abuse treatment services in acute care hospitals.

WA *A 12/91 ( ) Washington eliminated the prior authorization requirement for inpatient psychiatric admissions of clients 20 years of age and younger, unless the primary admitting diagnosis is anorexia nervosa or bulemia, or is related to substance abuse, intoxication, withdrawal, or dependence. Required are pre-admission certification by an independent team for non-emergent admissions and post-admission certification by the treatment team for emergent admissions, or admissions prior to medical eligibility.

WA *A 07/91 ( ) Washington has established the following process for authorizing Clozaril:

1. It must be prescribed by a psychiatrist or a psychiatric advanced practitioner who is an RN.
2. The prescribing practitioner must complete an application.
3. Documentation must be provided which shows:
   a. the clients condition must meet DSM-III-R criteria for schizophrenia or schizophrenia disorder;
   b. two or more conventional antipsychotics from different chemical families have been tried for at least six weeks each; and
   c. the client is documented to have tardive dyskinesia.

LAB AND X-RAY SERVICES

Amount, Duration and Scope

AR *A 07/91 (-) Arkansas established a benefit limit of $1000 per state fiscal year for Lab and X-ray services for recipients age 21 and over. Magnetic Resonance Imaging (MRI) is exempt from the dollar limit.

AR *A 07/91 (+) Arkansas now requires all children aged one through five to be tested for blood lead levels. Older children should be tested as risk factors indicate. Treatment shall include environmental evaluation to identify the source of the lead, and periodic re-evaluations.

ME *A 06/91 ( ) Maine re-categorized laboratory and x-ray services so that they are now two separate categories, thereby creating a special subsection for medical imaging services (MRI).

MI *A 12/91 (-) Michigan no longer covers chiropractic x-rays for clients aged 21 and over.

MI *A 03/91 (+) Michigan added coverage of the following tests and drugs when prescribed through a family planning clinic: automated chemistry test (glucose and/or cholesterol), immunoassay testing for chlamydia, smear for herpes, amoxicillin, doxycycline, vibramycin, Keflex, Benemid, Bactrim, Macrodantin, Femstat, Gyne Lotrimin, Mycelex G and Terazol.

MS *A 05/91 (-) Mississippi Medicaid now limits sonograms to three per pregnancy. Additional sonograms are available with a physician's statement.

Utilization Controls

AL *A 02/91 (+) Alabama no longer requires prior approval for extracorporeal shock wave lithotripsy (ESWL) treatments.

NY *A 09/91 (-) New York Medicaid established the Utilization Threshold Program. This program sets a threshold for certain ambulatory medical services a recipient is entitled to before documenting the medical necessity of additional services. The services and threshold levels are as follows:

Physician/Clinic 14 visits per benefit year

Laboratory	18 procedures per benefit year
Pharmacy (including prescription and over the counter medications and supplies)	60 items per benefit year for recipients who are under 21, certified blind or disabled, 65 and older, or AFDC recipients. 43 items per benefit year for recipients age 21-64 who qualify for the State Home Relief Program.

The program was implemented on March 1, 1991 for the Home Relief adult populations and on September 15, 1991, for all other recipients.

PRESCRIBED DRUGS

Amount, Duration and Scope

AR *A 06/91 (-) Arkansas' prescription drug program no longer covers over-the-counter drugs for long-term care recipients.

CT *A 10/91 (-) Connecticut dropped reimbursement for certain over-the-counter drugs.

GA *B 11/91 (-) Georgia proposed to decrease spending in pharmacy costs by implementing the following:

1) Reducing from 6 to 5 the number of prescriptions allowed per month for recipients 21 years of age and over.
2) Discontinuing coverage of certain generic and related brand name tranquilizers and sedatives for recipients 21 years of age and over.
3) Discontinuing coverage of selected drug products which are now available without a prescription.
4) Discontinuing coverage of prescription cough and cold medications for recipients 21 years of age and older.

ID *A 10/91 (+) Idaho now covers Clozapine care coordination to monitor the drug.

ID *A 04/91 (+) Idaho added coverage of insulin with syringes and needles, and oral iron salts.

KS *A 12/91 ( ) Kansas will no longer reimburse for the drug Clomid.

KS *A 07/91 (+) Kansas now covers the following therapeutic drug groups for KAN Be Healthy (KBH) recipients only:
- Antihistamine combinations
- Decongestants
- Cough and cold
- Vitamins - nonprenatal
- Multi-vitamins - nonprenatal

KS *A 04/91 (+) Kansas Medicaid now reimburses for Levonorgestrel plants (Norplant, Wyeth-Ayrest).

KS *A 04/91 ( ) Kansas covers the following brand-name drugs for Medicaid recipients: Chibroxin, Dynacirc, Jenest, Lotensin, Nasacort and Sinemet CR. These drugs will be covered for MediKan recipients only if they are in a Generic Product Indicator (GPI) class that is covered by MediKan.

KS *A 03/91 (+) Kansas now covers Betaxolol, Levamisol, and Verapamil SR Pellet Capsule for Medicaid and Medi-KAN recipients. Acyclovir and Ketorolac are now covered for Medicaid recipients.

KS *A 01/91 (+) Kansas now covers magnesium sulfate injections, retroactive to January 1, 1991.

KY *A 09/91 (+) Kentucky placed Axid (R) 150mg capsules on the out-patient drug list.

ME *A 09/91 (+) Maine now covers the drug Clozaril (Clozapine) for community-based clients.

MI *A 03/91 (+) Michigan added coverage of the following tests and drugs when prescribed through a family planning clinic: automated chemistry test (glucose and/or cholesterol), immunoassay testing for chlamydia, smear for herpes, amoxicillin, doxycycline, vibramycin, Keflex, Benemid, Bactrim, Macrodantin, Femstat, Gyne Lotrimin, Mycelex G and Terazol.

MO *A 09/91 (-) Missouri Medicaid reimbursement for pharmacy claims will now be determined by applying the following methodology. Payment will be made at the lower of:

A. average wholesale price (AWP) less 10.43% plus professional dispensing fee;

B. applicable Federal upper limit plus professional dispensing fee;

C. applicable Missouri maximum allowable cost (MAC) plus professional dispensing fee; or

D. usual and customary charges.

The dispensing fee has been increased from $3.15 to $4.09 per prescription.

MO *A 09/91 (-) Missouri Medicaid no longer covers nutritional supplements such as Sustecal and Ensure, and infant formulas such as Enfamil and Similac. Federal interpretation is that these are food products rather than drug products. These supplements and formulas continue to be available through the Missouri Medicaid Exception Process.

MO *A 04/91 (+) Missouri temporarily eliminated the five prescription limitation beginning April 1, 1991 until criteria is developed to identify the products exempt from the limitation.

MO *A 01/91 ( ) Missouri Medicaid added coverage of insulin injections as an emergency treatment in a physician's office. This service will be reimbursed at the following rates:

Insulin U-100 standard	$1.74 per cc
Insulin U-100 pork or beef	2.69 per cc
Insulin U-100 human	2.13 per cc

NJ *A 07/91 (-) New Jersey limited coverage of non-legend drugs, supplies, and devices to: insulin, diabetic testing material, insulin syringes and needles, antacids, family planning materials and supplies, protein replacements, and other special items.

TX *A 11/91 (+) Texas removed the three-prescription limit for EPSDT-eligible clients and nursing facility residents.

TX *A 01/91 (+) Texas now reimburses EPSDT medical screens at $40. The follow-up visits will continue to be reimbursed at $6 per visit.

VA *A 07/91 (+) Virginia now covers Clozaril for severely ill schizophrenic patients.

Utilization Controls

KS *A 09/91 ( ) Kansas no longer requires prior authorization for the following drugs: Antihyperlipidemics, Fluconazole, Imipenem, Interferons, Ketoconazole, Misoprostol, Novolin Penfill Insulins, Potassium Citrate, and All Tetracyclines.

KY *A 02/91 ( ) Kentucky placed Cimetidine HCL on the outpatient drug list effective February 1, 1991. All other legend ulcer treatment products must have prior authorization.

KY *A 01/91 ( ) Kentucky now requires pre-authorization for use of the drug Prozac in the 20 milligram capsule.

MD *A 10/91 (-) Maryland increased copayments from $1.50 to $4.00 per prescription.

MD *A 07/91 (-) Maryland Medicaid limits services to maintenance drugs for chronic-diseases and anti-infective drugs including AZT.

MI *A 10/91 (-) Michigan has revised its Medicaid Pharmacy copayment policy as follows:
- Ambulatory recipients age 21 and older pay $1.00 rather than $.50 on all products, except family planning and pregnancy related drugs and MACs.
- Exclusion: HMOS, PSP, clinic plan recipients and LTC recipients.

MS *A 01/91 (+) Mississippi Medicaid removed the prior authorization requirement for multiple source drugs.

MO *A 01/91 (+) Missouri Medicaid exempted recipients residing in nursing homes from the pharmacy programs' five prescription limit.

NY *A 09/91 (-) New York Medicaid established the Utilization Threshold Program. This program sets a threshold for certain ambulatory medical services a recipient is entitled to before documenting the medical necessity of additional services. The services and threshold levels are as follows:

Physician/Clinic 14 visits per benefit year

Laboratory	18 procedures per benefit year
Pharmacy (including prescription and over the counter medications and supplies)	60 items per benefit year for recipients who are under 21, certified blind or disabled, 65 and older, or AFDC recipients. 43 items per benefit year for recipients age 21-64 who qualify for the State Home Relief Program.

The program was implemented on March 1, 1991 for the Home Relief adult populations and on September 15, 1991, for all other recipients.

OR *B 11/91 (+) Oregon proposed dropping the prior authorization requirement for Zidovudine (AZT).

PA *A 05/91 (-) Pennsylvania Medicaid increased the copayment for pharmacy services, drugs, and over-the-counter medications from $0.50 to $1.00.

SC *A 09/91 (-) South Carolina added a $1.50 per prescription co-payment on all prescriptions.

FAMILY PLANNING SERVICES

Amount, Duration and Scope

AR *A 07/91 (+) Arkansas Medicaid added coverage of the following procedure codes regarding Norplant:
Z1754 - Norplant System (complete kit)
Z1755 - Insertion of Norplant
Z1756 - Removal of Norplant

FL *A 03/91 (+) Florida now covers Norplant for Medicaid-eligible females. The fees are $50 for insertion, $50 for removal, and $374.50 for the system kit.

ID *A 04/91 (+) Idaho now covers certain contraceptive devices for family planning.

KS *A 04/91 (+) Kansas Medicaid now reimburses for Levonorgestrel plants (Norplant, Wyeth-Ayrest).

ME *A 10/91 (+) Maine revised Family Planning Agency Services rules to allow reimbursement for early prenatal care services. These services include early prenatal education, counseling, and confirmed medical appointments. Also, Norplant is now a covered service.

ME *A 07/91 (+) Maine now reimburses on a fee-for-service basis for all laboratory and radiology services provided as an outpatient service.

MD *A 12/91 (+) Maryland covers the cost of a Norplant Kit and the insertion of this family planning device.

MI *A 03/91 (+) Michigan added coverage of the following tests and drugs when prescribed through a family planning clinic: automated chemistry test (glucose and/or cholesterol), immunoassay testing for chlamydia, smear for herpes, amoxicillin, doxycycline, vibramycin, Keflex, Benemid, Bactrim, Macrodantin, Femstat, Gyne Lotrimin, Mycelex G and Terazol.

MS *A 04/91 (+) Mississippi Medicaid added coverage of subdermal implants for long term contraception.

Service	Fee
Subdermal implants and professional fee	$399.25
Removal of subdermal implant	59.25

MO *A 06/91 (+) Missouri Medicaid added coverage of Norplant.

Description	Amount
Device Only	$350.00
Insertion only	120.00
Insertion, including device	470.00
Removal	100.00

MT *A 07/91 (+) Montana added coverage of Norplant as a family planning service.

NV *A 03/91 (+) Nevada Medicaid added coverage of birth control implants (Norplant).

Service	Fee
Supplies and materials	$350.00
Minor Surgery/Implant	96.00
Exam	23.36

SC *A 04/91 (+) South Carolina added coverage of the Norplant contraceptive.

SC *A 03/91 ( ) South Carolina will no longer cover smoking cessation products and products to promote fertility.

EPSDT SERVICES

Amount, Duration and Scope

AR *A 12/91 (+) Arkansas now covers the following transplants with prior authorization under the EPSDT program:

- single lung transplants;
- skin transplants for burns of greater than 70% of the body surface area with more than 50% of that area being full thickness or a third degree burn;
- pancreas/kidney transplants with a diagnosis of juvenile diabetes with renal failure.

Benefits for all three procedures cover procurement of the organ from a cadaver donor, hospital and physician services for the transplant, and post-operative care until discharged from the hospital.

FL *A 10/91 (+) Florida now covers physical, occupational, speech, and respiratory therapies to children under age 21 who participate in the EPSDT program.

MI *A 10/91 (+) Michigan now covers the Denver II developmental test in addition to the basic EPSDT service.

MT *A 01/91 (+) Montana added coverage of nutrition services and pharmaceutical drugs approved for use under investigational status by the FDA for EPSDT recipients.

NM *A 05/91 (+) New Mexico now reimburses for nutrition services to pregnant women and children under the EPSDT program.

NM *A 04/91 (+) New Mexico added orthodontia services under the enhanced EPSDT program.

PA *A 11/91 (+) Pennsylvania now reimburses clinics for certain vaccines listed under EPSDT guidelines, with the following limitations:

1. Hospitals with a pharmacy may not enroll the hospital clinic to bill for vaccines.

2. This policy does not apply to other drugs dispensed during the clinic visit.

3. This policy does not apply to vaccines administered in hospital emergency rooms.

4. Clinics can no longer refer recipients to an enrolled pharmacy to obtain the vaccine and then return to the clinic for the vaccine's injection.

5. Clinics may not bill for a clinic visit in addition to the vaccine injection if the sole purpose of the visit is to receive the injection.

PA *A 10/91 ( ) Pennsylvania revised immunization guidelines for EPSDT recipients as follows:

AGE	IMMUNIZATIONS
2 months	DTP, OPV, HBOC or PRP-OMP
4 months	DTP, OPV, HBOC or PRP-OMP
6 months	DTP, HBOC
12 months	PRP-OMP
15 months	MMR, HbCV
18 months	DTP, OPV
4- 6 years	DTP, OPV
10-12 years	MMR
14-16 years	Td

TX *A 06/91 (+) Texas added rental of apnea monitors for physicians providing this service. After the fourth month prior authorization is required.

OTHER DIAGNOSTIC, SCREENING AND PREVENTIVE SERVICES

Amount, Duration and Scope

AK *A 06/91 (-) Alaska added mammography as a covered service.

AR *A 09/91 (+) Arkansas Medicaid added BCG vaccine (for treatment of bladder cancer procedure Z1720) as a covered service when provided to patients with a diagnosis of carcinoma in situ of the bladder. The above procedure is payable to physicians, outpatient hospitals, and ambulatory surgical centers.

AR *A 07/91 (+) Medicaid is adding coverage of Immune Globulin when provided to eligible recipients of all ages in the physician's office, outpatient hospital setting, or recipient's home.

AR *A 07/91 ( ) Arkansas added Hepatitis B Immune Serum Globulin (ISG) as a covered service and it is now available to Medicaid recipients of all ages.

AR *A 04/91 ( ) Arkansas added coverage of Leuprolide Acetate, per 1 mg-per procedure code J 9217, for all Medicaid recipients.

HI *A 02/91 ( ) Hawaii added coverage of occult breast cancer screening by low-dose mammography. Mammograms will be available on the following schedule:

Age 35-39	one baseline mammogram;
Age 40-49	one mammogram every 2 years;
Age 50 and over	one mammogram each year;

or for a woman of any age with a family history of breast cancer upon recommendation of the woman's physician.

HI *A 02/91 (-) Hawaii added mammography as a covered service.

KS *A 09/91 ( ) Kansas now reimburses for polio vaccine immunization injections.

KS *A 09/91 ( ) Kansas will cover a second dose of the MMR vaccine for KAN Be Healthy participants as required.

KS *A 06/91 ( ) Kansas is continuing its volunteer program, including providing flu vaccines to Medicaid recipients who are residents of adult care homes.

KS *A 06/91 ( ) Kansas Medicaid now allows Local Educator Agencies (LEAs) to perform and be reimbursed for KAN Be Healthy screens.

KS *A 01/91 (+) Kansas now covers Dobutamine (Dobutrex) injection, 250 mg/20 ml, and Erthropoietin EPO (Epogen, Procrit) injection, 1000 units/.5 cc.

MD *A 09/91 (+) Maryland added preventive care to its Diabetes Care Program. The Diabetes Care Program is available to certain Medical Assistance recipients who have been discharged from a diabetes-related hospital stay.

NJ *A 08/91 ( ) New Jersey Medicaid revised the immunization schedule and reimbursement rates for childhood immunizations ranging from $3.03 to $39.87, depending on the procedure code.

NC *D 10/91 (+) North Carolina's General Assembly enacted legislation to provide Medicaid coverage for nutritional counseling, psycho-social counseling, and predelivery and post partum home visits by maternity care coordinators and public health nurses for Medicaid-eligible pregnant women.

SC *A 03/91 ( ) South Carolina will no longer cover smoking cessation products and products to promote fertility.

TN *A 01/91 (+) Tennessee added coverage of tetanus and diptheria Toxoids Absorbed, for adult use.

REHABILITATIVE SERVICES

Amount, Duration and Scope

AR *A 07/91 (+) Arkansas removed the established benefit limits for rehabilitative services for persons with mental illness. The length of service information and other policy guidelines remain unchanged.

DE *A 04/91 (+) Delaware added coverage of community health services under the rehabilitation option.

GA *A 07/91 (+) Georgia now reimburses qualified providers for diagnostic screening and preventive and rehabilitative services in accord with Medical Assistance policies. At a minimum, the services shall include ante-and post-partum care, immunizations, screening and treatment of sexually transmitted diseases, and hypertension and tuberculosis screening and treatment. Qualified providers must be enrolled in the EPSDT and family planning programs.

KS *A 07/91 (-) Kansas Medicaid no longer covers heavy care for head injuries and extra nursing care or supplies.

KY *A 03/91 (+) Kentucky now covers rehabilitative hospitals under the Hospital Indigent Care Assurance Program (HICAP).

MO *A 07/91 ( ) Missouri no longer covers alcohol or drug rehabilitation as either inpatient or outpatient services under the hospital program. However, Medicaid will cover alcohol and drug rehabilitation services through a newly created program called Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR).

NV *A 12/91 (+) Nevada reimburses for Nevada Peer Review authorized substance abuse treatment: up to five days hospital detoxification and up to 28 hospital days if certain criteria are met for substance abuse treatment (once in a lifetime unless patient is under 21 years of age, which would require EPSDT and referral).

OK *A 04/91 (-) Oklahoma revised coverage of the following habilitation services:

SERVICE	RATE	LIMITATION
Habilitation Training Specialist Services	$8.00/hr.	40/hrs./wk.
Prevocational Habilitation Training Specialist	$8.00/hr.	40/hrs./wk.

TX *A 06/91 (+) Texas added rehabilitative services coverage for persons with mental illness.

Utilization Controls

CO *A 01/91 (-) Colorado added home- and community-based services for persons with AIDS. The services provided include:

case management;
personal care and homemaker;
adult day care;
private duty nursing;
hospice; and
intensive supervision of foster care

children with AIDS.
Prior authorization is required for the above mentioned services.

NJ *A 03/91 (+) New Jersey no longer requires prior authorization for social adult day care services provided by Community Care Programs for the Elderly and Disabled (CCPED).

VA *A 01/91 ( ) Virginia implemented a program to authorize services and conduct utilization reviews of outpatient rehabilitative services.

TRANSPORTATION SERVICES

Amount, Duration and Scope

GA *B 11/91 (-) Georgia proposed limiting the total amount paid on an emergency ambulance claim for a recipient with both Medicare and Medicaid coverage to the maximum allowable rate under Medicaid only.

IL *A 10/91 (-) Illinois now pays for transportation that is medically necessary for long-term care services. The reimbursement is of the type paid by Public Aid in addition to the routine rate.

KS *A 02/91 ( ) Kansas no longer covers transportation of adult care home residents by non-ambulance medical transportation (NAMT) providers.

MA *A 08/91 (-) Massachusetts Medicaid no longer covers transportion to any medical service for general relief recipients.

MI *A 12/91 (-) Michigan limited medical transportation to essential transportation only. Ambulance services continue to be covered.

NY *A 02/91 (+) New York Medicaid provides reimbursement for NY Hospital-Cornell Medical Center Aeromed at the following rates:

Liftoff from NYC Base - $200.00
Patient Occupied Flight Time - $75.00 per (5) minutes

NC *D 07/91 (+) North Carolina's General Assembly enacted to provide funds to support transportation services for Medicaid eligible pregnant women and children.

Utilization Controls

CT *A 10/91 (-) Connecticut will no longer cover any ambulance trip which does not result in the transport of an eligible Medicaid recipient, regardless of prior authorization.

MO *A 01/91 (+) Missouri Medicaid no longer requires medical necessity documentation for transportation claims over 70 miles.

SUBSTANCE ABUSE SERVICES

Amount, Duration and Scope

MI *A 04/91 (-) Michigan will no longer cover subacute substance abuse services.

NY *A 09/91 (-) New York established sanction periods for clients who refuse to participate in, or leave, an appropriate outpatient rehabilitation program prior to the completion of the program when the alcohol or substance abuse is the primary cause of the client's need for rehabilitation.

TX *A 05/91 (+) Texas revised the spend down period for determining medically needy eligibility from six months to one.

UT *A 04/91 (-) Utah eliminated coverage of the following services for Medically Needy recipients:

- methadone treatment;
- ambulatory surgical;
- rural health services;
- vision services;
- psychology services;
- optical supplies; and
- speech and hearing services.

Utilization Controls

MA *A 11/91 ( ) Massachusetts no longer requires pre-admission screening for substance abuse and psychiatric admissions.

TN *A 12/91 (+) Tennessee implementeda separate pre-approval certification process for inpatient admissions and continuing stays for psychiatric and substance abuse treatment services in acute care hospitals.

UT *A 07/91 (+) Utah removed the prior authorization requirement for inpatient hospital alcohol or drug detoxification.

EYEGLASSES

Amount, Duration and Scope

AR *A 07/91 ( ) Arkansas established a vision services benefit limit of one pair of glasses every 12 months for recipients age 21 and over. Lens replacements for all recipients are allowed as medically necessary. The prior authorization requirement for repairs has been eliminated.

UT *A 04/91 (-) Utah eliminated coverage of the following services for Medically Needy recipients:

- methadone treatment;
- ambulatory surgical;
- rural health services;
- vision services;
- psychology services;
- optical supplies; and
- speech and hearing services.

HEARING AIDS

Utilization Controls

OR *A 05/91 (+) Oregon added coverage of hearing device implants with prior authorization.

DENTURES

Amount, Duration and Scope

AR *A 09/91 ( ) Arkansas made several changes in the Medicaid dental program relative to coverage and prior authorization requirements. Some of the service areas affected include radiographs, crowns, and certain periodontic procedures.

PROSTHETIC DEVICES

Amount, Duration and Scope

AR *A 11/91 (+) Arkansas now reimburses for durable medical equipment (DME). Any equipment over $500.00 must be prior authorized; anything under $500.00 does not need to be. Also, prior authorization is no longer required for specialized wheelchair items, regardless of the established reimbursement rate. Also, freight charges are now reimburseable for all prosthetics services.

ID *A 10/91 (+) Idaho expanded the Medicaid program to include soft organ transplants, adult dental services, adult vision services, adult hearing services, and prosthetic services.

KS *A 10/91 ( ) Kansas covers total parenteral nutrition (TPN) in conjunction with enteral or oral feedings for KAN Be Healthy participants when:

- Enteral/Oral nutrition constitutes a small portion of the recipient's dietary intake and/or
- Recipient is being weaned from TPN feedings.

Utilization Controls

MI *A 06/91 (-) Michigan dropped the prior authorization requirement for any orthosis or prosthesis that is required for inpatient hospital treatment only.

NV *A 05/91 (+) Nevada no longer requires dual eligibles to obtain prior authorization for orthotics and prosthetics covered by Medicare.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

Amount, Duration and Scope

AR *A 12/91 (-) Arkansas no longer covers certain durable medical equipment (DME) procedures. Also, a benefit limit of $100.00 per calendar month has been established for DME medical supplies, home health medical supplies, or a combination of the two.

AR *A 11/91 (+) Arkansas now reimburses for durable medical equipment (DME). Any equipment over $500.00 must be prior authorized; anything under $500.00 does not need to be. Also, prior authorization is no longer required for specialized wheelchair items, regardless of the established reimbursement rate. Also, freight charges are now reimburseable for all prosthetics services.

AR *A 09/91 ( ) Arkansas added coverage of several ventilator equipment items. Prior authorization is required.

AR *A 07/91 (-) Arkansas established a benefit limit of $200 per calendar month for DME medical supplies, home health medical supplies or a combination of the two. Extensions will be considered.

AR *A 03/91 ( ) Arkansas now covers diapers and underpants of any size, with a limit of $130.00 per month, per recipient.

CA *B 12/91 ( ) California began using 15-minute, rather than hourly, increments to bill labor time for durable medical equipment (DME) repairs. Also, California proposed a change to the "by-report" billing procedures that would allow the state to receive a discount on the full retail price of DME.

GA *B 11/91 (-) Georgia proposed discontinuing coverage of the following items for recipients 21 years of age and older: surgical stockings, heating pads, TENS units, battery-operated speech aids, and bath and toilet aids. They also proposed discontinuing separate reimbursement rates for lancet devices, glucometers, oxygen concentrators, hospital beds, and 3-wheel scooters.

ME *A 12/91 (-) Maine no longer reimburses for the rental or purchase of a therapy bed in a hospital setting.

MS *A 06/91 (+) Mississippi Medicaid added coverage of ostomy supplies.

NE *A 03/91 (+) Nebraska now covers an expanded list of durable medical equipment, most of which require prior authorization accompanied by the physicians pre-

scription. All DME's for clients residing in nursing facilities and ICF/MR's, except orthotic and prosthetic items, require prior authorization.

NV *A 01/91 ( ) Nevada now allows nursing facilities to receive respiratory supplies used by ventilator dependent nursing facility residents. Reimbursement for this service is $52.08.

PA *A 03/91 (-) Pennsylvania Medicaid limited the monthly maximum allowable quantity on medically necessary medical/surgical supplies. Any amount in excess of the monthly maximum allowable will be reduced.

Utilization Controls

MI *A 04/91 (-) Michigan changed prior authorization criteria for DME, medical supplies, and orthosis/prothesis. Coverage will now be limited to services needed to sustain life or prevent immediate institutionalization for clients aged 21 and older.

OK *A 04/91 (-) Oklahoma added prior authorization as a requirement for the following:
- dental services,
- purchase of oxygen equipment; and
- adaptive equipment for persons residing in private ICF/MR's.

TX *A 08/91 (+) Texas added rental of apnea monitors for physicians providing this service. After the fourth month prior authorization is required.

LONG TERM CARE SERVICES

NURSING FACILITY SERVICES

Amount, Duration and Scope

AL *A 09/91 (+) Alabama began covering personal laundry in nursing homes.

AL *A 02/91 (-) Alabama changed the transfer of resources provision. Individuals who have transferred resources are now eligible for all Medicaid services for the penalty period, with the exception of nursing home

payments. These individuals will be identified on the monthly eligibility list sent to the nursing home as not eligible for nursing home payments.

AR *A 06/91 (-) Arkansas' prescription drug program no longer covers over-the-counter drugs for long-term care recipients.

ID *A 11/91 (+) Idaho now reimburses mental health clinics directly for psychotherapy services provided to nursing home clients. Clients need to be screened through the PASARR level 2 process.

ID *A 11/91 (+) Idaho increased nursing home consultant fees.

IL *A 10/91 (-) Illinois now pays for transportation that is medically necessary for long-term care services. The reimbursement is of the type paid by Public Aid in addition to the routine rate.

IL *A 10/91 (+) Illinois may enter into contracts with nursing facilities providers that offer exceptional medical services, defined as services required by persons who need a multi-disciplinary level of care for physician, nurse, and ancillary specialist services with exceptional costs related to extraordinary equipment and/or supplies that have been determined to be medically necessary.

Exceptional medical care may include but is not limited to persons with Acquired Immune Deficiency Syndrome (AIDS) or related conditions, head injured persons, and ventilator dependent persons.

IL *A 10/91 (-) Illinois does not pay for long-term care ancillary services that are not explicitly mandated by licensing requirements.

MO *A 01/91 (+) Missouri Medicaid exempted recipients residing in nursing homes from the pharmacy programs' five prescription limit.

NE *A 03/91 (+) Nebraska now covers an expanded list of durable medical equipment, most of which require prior authorization accompanied by the physicians prescription. All DME's for clients residing in nursing facilities and ICF/MR's, except orthotic and prosthetic items, require prior authorization.

NM *A 10/91 ( ) New Mexico amended an earlier definition of skilled nursing to include direct care and the supervision of home health aides.

VA *A 03/91 (-) Virginia eliminated Medicaid payments for reserving nursing facility beds.

Utilization Controls

MI *A 04/91 ( ) Michigan adopted the HCFA November 1990 version of the resident assessment instrument. LTC providers must implement the MDS no later than July 1, 1991. In so doing, the inspection of care process is eliminated.

MT *A 07/91 (-) Montana legislature passed a $1.00 per day utilization on nursing facility beds occupied by residents paid for by a third party (i.e. Medicaid, Medicare or insurance). Funds collected will be deposited into the general fund.

ICF/MR SERVICES

Amount, Duration and Scope

CT *A 10/91 (-) Connecticut increased the number of annual home leave days for residents of ICFs/MR from 21 to 36.

IL *A 10/91 (-) Illinois does not pay for long-term care ancillary services that are not explicitly mandated by licensing requirements.

IL *A 10/91 (-) Illinois now pays for transportation that is medically necessary for long-term care services. The reimbursement is of the type paid by Public Aid in addition to the routine rate.

ME *A 10/91 (+) Maine updated the ICF/MR regulations. Some of the major changes are:

- nurses must complete a quarterly visual exam for those individuals requiring a health care plan;
- facilities are required to be more aggressive in teaching client choice and self-management;
- ten domains must be included in the comprehensive assessment of each individual served in the ICF/MR;
- an increased involvement of specially constituted committees to safeguard the ICF/MR

patients' rights;
- drug regimen reviews must be completed quarterly; and
- modification in the management of inappropriate behavior of clients.

Utilization Controls

KS *A 06/91 ( ) Kansas Medicaid now requires prior authorization for extra care services for individuals residing in ICF/MR facilities.

ME *A 12/91 ( ) Maine now requires prior authorization when a Medicaid recipient inpatient stay in a psychiatric facility exceeds 120 days.

INPATIENT PSYCHIATRIC SERVICES FOR INDIVIDUALS UNDER 22

Amount, Duration and Scope

AL *A 08/91 ( ) Alabama implemented clarifications and changes in the inpatient psychiatric program for individuals under age 21. These changes are as follows:
- Medicaid recipients under age 21 who meet the medical criteria for admission and continued stay must be admitted to and remain in the Child/Adolescent Unit. Admission or transfer to other units are not reimbursable.

- Certification of need (CON) for services must be made by teams as follows:

  - For the non-emergency admission of a Medicaid recipient, the CON must be made prior to the admission. The team must include a physician (changed from a board-eligible or board-certified psychiatrist).
  - For an individual who applies for Medicaid while in the facility, the CON must be completed at the time application is made. If the CON is completed after the application is filed, payment cannot be made for that interim time.
  - For emergency admissions, the CON must be made within 5 working days after admission.

MT *A 07/91 (+) Montana removed previous restrictions in the definition of the type of facility which can be a residential treatment provider under the inpatient psychiatric services for individuals under 21 category. These restrictions provided that: 1) the facility be non-profit; 2)have at least 30 beds; and, 3) be non-hospital based.

INSTITUTIONS FOR MENTAL DISEASE FOR INDIVIDUALS 65 & OVER

Amount, Duration and Scope

LA *A 05/91 (-) Louisiana no longer reimburses inpatient psychiatric hospitals for therapeutic or home leave days for recipients age 65 and over.

HOME HEALTH SERVICES

Amount, Duration and Scope

AL *A 10/91 ( ) Alabama decreased the frequency of an RN's supervisory visit to homes of all patients receiving home health aide services. The visits now must occur once every 60 days rather than once every 2 weeks.

AR *A 12/91 (-) Arkansas no longer covers certain durable medical equipment (DME) procedures. Also, a benefit limit of $100.00 per calendar month has been established for DME medical supplies, home health medical supplies, or a combination of the two.

AR *A 07/91 (-) Arkansas established a benefit limit of 50 home health visits per state fiscal year for recipients of all ages. Extension of benefit limits will be considered.

GA *B 05/91 (+) Georgia proposed to reimburse home health service providers $60 each for 2 postpartum home visits, to be made within 21 days from the mother's discharge from the hospital or birthing center.

ID *A 11/91 (+) Idaho added hospital care to the levels of care which a disabled child can meet to qualify for Medicaid under home care for certain disabled children. A child requiring a level of care pro-

vided in a hospital must, among other eligbility requirements, be safely cared for at home at less cost to Medicaid than hospitalization.

ID *A 04/91 ( ) Idaho now covers occupational therapy by a home health service as a separate category.

KS *A 03/91 ( ) Kansas now covers special waiver services for technology-assisted (TA) children between the ages of 0-16. These services include:
-medical case management,
-medical respite care, and
-medical equipment and supplies.

ME *A 12/91 (+) Maine clarified classification for certain disabled children age 18 and under for home care (Katie Beckett) who would be eligible for Medicaid if in a hospital. The following criteria must be met:

- the child would require a level of care provided in a hospital as described in the State manual;

- it is appropriate to provide the care outside an institution;

- the estimated amount for medical expenses will not be greater than that spent within an appropriate institution; and

- the individual meets the criteria described in the Maine Medicaid Eligibility Manual regarding disabled children.

MI *A 10/91 (+) Michigan now covers home help personal care services for recipients enrolled in hospices as long as the services are not duplicative of the care provided by the hospice.

MI *A 04/91 (-) Michigan no longer covers physical therapy provided by a home health agency, except when medically necessary for clients under age 21. Effective 12-01-91 physical therapy was restored as a benefit for clients age 21 and over by a home health agency.

NE *A 09/91 (+) Nebraska implemented a home- and community- based model waiver for children with mental retardation and their families.

NC *D 10/91 (+) North Carolina's General Assembly enacted legislation to provide Medicaid coverage for nutritional counseling, psycho-social counseling, and predelivery and post partum home visits by maternity care coordinators and public health nurses for Medicaid-eligible pregnant women.

PA *A 08/91 ( ) Pennsylvania now specifies that the home health agency professionals who may receive a physician's oral orders, put the orders in writing, and sign them when a change in treatment plan is needed are registered nurses, licensed practical nurses, or therapists (physical, occupational, and speech).

SC *A 10/91 (-) South Carolina limited home health visits to fifty per fiscal year.

WA *A 11/91 (+) Washington will now reimburse home health agencies for administering flu vaccine injections at community locations such as senior centers. The maximum payment allowed is $7.15 per injection.

Utilization Controls

GA *A 04/91 (+) Georgia now provides payments to hospitals which offer birthing and parenting classes to Medicaid eligible pregnant women. Also, a total of two post-partum visits in the home within 21 days following the mothers discharge is now reimburseable at a maximum of $60.00 per visit.

MT *A 09/91 (+) Montana Medicaid eliminated the prior authorization requirement on home health services exceeding $400 per month.

NY *A 06/91 (-) New York enacted new provisions to control utilization of home care services funded under the Medicaid program. These changes incorporate the cost of care as a factor in determining the appropriateness of home care services and calls for the consideration of more cost effective alternatives such as personal emergency response systems, shared aide programs, other technology, and alternative setting for care (e.g., nursing facility, adult care facility, assisted living programs). Additionally,

these changes shift some management responsibilities from government to providers of home care services.

TX *A 01/91 (+) Texas added coverage of home IV antibiotic therapy for children up to age 19 who have cystic fibrosis. The same prior approval process used in any other home health treatment applies.

VA *A 01/91 ( ) Virginia implemented an authorization and utilization review process for home health services.

PERSONAL CARE SERVICES

Amount, Duration and Scope

AR *A 07/91 ( ) Arkansas Medicaid added personal care services for categorically needy Medicaid recipients residing in licensed residential care facilities.

AR *A 07/91 (+) Arkansas now allows personal care services for recipients residing in a residential care facility.

AR *A 07/91 (-) Arkansas established a benefit limit of 72 hours of personal care services per calendar month for recipients age 21 and over. Extensions will be considered.

AR *A 07/91 (+) Arkansas will consider extensions beyond the established 72 hours per calendar month for personal care services provided to adults over age 21, when the extension is due to a life-threatening situation or the patient is at risk of institutionalization.

ID *A 01/91 (+) Idaho added personal care services as a covered service.

ME *A 07/91 (+) Maine added coverage for private duty nurse and personal care services provided outside a recipients' home, and increased reimbursement rates for services provided under the program.

ME *A 04/91 (+) Maine now reimburses for personal care services in community residences for the mentally disabled provided that the services are prescribed by a physician, are in accordance with the recipients plan of care, and are supervised by a RN at least every 90 days. Also, the facility must have

written documentation that each staff person has received orientation as specified in the licensing regulations.

NE *A 09/91 (+) Nebraska now covers personal care services under its home- and community-based waiver as a component of core services when the provider is a non-legally responsible relative.

UT *A 07/91 (+) Utah now covers private duty nursing services:

1. for ventilator-dependent individuals who meet established criteria;

2. at an individual's home to prevent prolonged institutionalization, based on a physician's order and a written plan of care to be reviewed every 60 days; and

3. to meet medically necessary care needs and develop confidence in family caregivers.

Utilization Controls

CO *A 01/91 (-) Colorado added home- and community-based services for persons with AIDS. The services provided include:

case management;
personal care and homemaker;
adult day care;
private duty nursing;
hospice; and
intensive supervision of foster care children with AIDS.

Prior authorization is required for the above mentioned services.

CASE MANAGEMENT

Amount, Duration and Scope

GA *A 05/91 (+) Georgia added early intervention targeted case management as a covered service for children from birth to 3 years of age. The children must meet the state definition of developmental delay and must qualify for early intervention services through a multi-disciplinary assessment. Eligible participating providers will be reimbursed at a

start-up rate not to exceed $145/month for the first 6 months of billing and not to exceed $135/month afterwards.

GA *A 03/91 (+) Georgia expanded the perinatal case management program to all counties in the state. It previously was available only in nine counties.

ID *A 04/91 (+) Idaho now covers case management through clinics for brain-damaged individuals. Through diagnostic screening, the clinic will assess the patients' needs and assure patient and physicians easy access to medical files and care.

KS *A 10/91 (-) Kansas does not cover outpatient psychotherapy when provided by the same provider within the same 90-day period as a partial hospitalization activity and targeted case management service. If more than 6 hours of individual, group, or family therapy are billed in the same 90 day period, a medical necessity form must be completed and attached to the claim.

KS *A 07/91 ( ) Kansas Medicaid covers 120 hours of case management per calendar year, per recipient, to technology-assisted and chronically-ill children participating in the KAN Be Healthy program.

KY *A 07/91 (+) Kentucky implemented targeted case management services for severely emotionally disturbed children under the age of 21.

ME *A 05/91 (+) Maine added case management services for eligible children and adolescents, age 6 through 20, with severe emotional disturbances.

MD *A 11/91 (+) Maryland implemented early intervention services case management. The service includes multidisciplinary assessment, plan of care, and ongoing case management for recipients aged birth to three who are developmentally disabled or delayed.

MD *A 09/91 (+) Maryland added managed care to its Diabetes Care Program. The Diabetes Care Program is available to certain Medical Assistance recipients who have been discharged from a diabetes-related hospital stay.

MO *A 04/91 (-) Missouri expanded the criteria for entry into the case management program for pregnant women to include psycho-social risk factors.

MT *A 07/91 (-) Montana Medicaid added case management services for high-risk pregnant women, chronically mentally ill adults, and persons age 16 and over with developmental disabilities.

NE * 09/91 ( ) Nebraska implemented a home- and community- based model waiver for children with mental retardation and their families.

NV *A 07/91 ( ) Nevada added targeted case management services for developmentally delayed infants and toddlers.

NJ *A 07/91 (+) New Jersey initiated coverage of targeted case management services to the seriously mentally ill.

NM *A 08/91 (+) New Mexico began phasing in a primary care physician case management system.

NY *A 11/91 (-) New York has established a managed care program with the following requirements:

1. The Department must annually designate 20 districts to submit managed care plans for approval;

2. There are no limits on the number of MA recipients who can enroll;

3. Recipients in all categories of Medicaid eligibility may be required to enroll, at the social services districts' discretion;

4. Enrollment goals are 10% the first year, 25% the second year, and 50% the third year; and

5. The Department can give grants to districts of up to $150,000 per county.

NY *A 08/91 (-) New York Medicaid established a model waiver, the OMRDD Care at Home III Program. This program will allow two hundred developmentally disabled children to receive all of the usual Medicaid services available. In addition, program recipients will receive case management, respite care, medical-

social services, respiratory therapy, nutrition counseling, and selected home adaptation services determined to be medically necessary.

TX *A 12/91 (+) Texas added coverage of case management services for high-risk pregnant women and high-risk infants under age one.

VA *A 10/91 ( ) Virginia initiated managed care pilot programs for AFDC recipients.

VA *A 07/91 (+) Virginia added case management services for persons having conditions of mental retardation who qualify for home- and community-based services. Effective 7/1/91.

VA *A 07/91 ( ) Virginia developed a system of case management for elderly Virginians.

Utilization Controls

CO *A 01/91 (-) Colorado added home- and community-based services for persons with AIDS. The services provided include:

- case management;
- personal care and homemaker;
- adult day care;
- private duty nursing;
- hospice; and
- intensive supervision of foster care children with AIDS.

Prior authorization is required for the above mentioned services.

NE *A 03/91 (+) Nebraska now requires case management providers to have at least one documented contact with the client per month.

VA *A 10/91 ( ) Virginia initiated a Drug Utilization Review Program for long-term care facilities.

VA *A 08/91 ( ) Virginia implemented a pre-authorization and utilization review process for long-stay acute care hospitals.

VA *A 01/91 ( ) Virginia implemented an authorization and utilization review process for home health services.

HOSPICE

Amount, Duration and Scope

CO *A 03/91 (-) Colorado added hospice coverage.

CO *A 03/91 ( ) Colorado no longer covers hospice services as part of the Home- and Community-Based Service For Persons Living with AIDS Program (HCBS-PLWA). All HCBS-PLWA may receive hospice benefits through the Medicaid Hospice Benefit Program (MHB).

MI *A 10/91 (+) Michigan now covers home help personal care services for recipients enrolled in hospices as long as the services are not duplicative of the care provided by the hospice.

VA *A 07/91 (+) Virginia added hospice care coverage provided by Medicare-certified hospices licensed in Virginia and enrolled as Medicaid providers.

Utilization Controls

CO *A 01/91 (-) Colorado added home- and community-based services for persons with AIDS. The services provided include:

case management;
personal care and homemaker;
adult day care;
private duty nursing;
hospice; and
intensive supervision of foster care children with AIDS.

Prior authorization is required for the above mentioned services.

OTHER COMMUNITY-BASED LONG TERM CARE SERVICES

Amount, Duration and Scope

MD *A 09/91 ( ) Maryland added two new waiver services: respite care and environmental modifications, to its home- and community-based services for developmentally disabled individuals.

WI *A 10/91 (-) Wisconsin decided to not implement the Robert Wood Johnson Foundation-sponsored long-term care insurance partnership program, due to administrative resource constraints.

Utilization Controls

ME *A 04/91 ( ) Maine amended the principles of reimbursement for boarding homes as follows:

- all individuals who are eligible for state assistance must be assessed prior to admission to a cost-reimbursed home enrolled as a private non-medical institution. Residents who become eligible after admission must be assessed at that time. The completed assessment form must be received within seven calendar days of eligibility determination.

- there must be a physician-written prescription for services prior to the first date of service. For residents who become eligible after admission, the prescription must be received within seven days of the eligibility determination.

VA *A 10/91 ( ) Virginia initiated a Drug Utilization Review Program for long-term care facilities.

PAYMENT FOR NON-INSTITUTIONAL SERVICES

GENERAL

AR *A 07/91 (+) Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

AR *A 07/91 (+) Arkansas increased reimbursement by 10% for all hyperalimentation providers. The fee increase is funded through revenues resulting from the new 1991 gross receipts tax.

MD *B 04/91 (-) Maryland reduced the time period for submission of Medicaid claims from 12 months to six months.

MS *C 06/91 (+) Mississippi Medicaid increased reimbursement by 5% to all institutional providers except those already reimbursed at full cost.

NV *A 07/91 (+) Nevada increased Medicaid reimbursement rates to non-institutional providers by 12%.

NH *A 04/91 (+) New Hampshire increased the mandatory income eligibility level for poverty level pregnant women and children.

WI *A 07/91 (+) Wisconsin provided reimbursement for brain-injured recipients who require care which cannot be appropriately provided in the community.

WI *A 03/91 (+) Wisconsin implemented an enhanced disproportionate share adjustment for Essential Access City Hospitals.

ACUTE CARE

OTHER CLINIC SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase

is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

MI *A 04/91 (-) Michigan reduced reimbursement by 18.4% for outreach funding. EPSDT outreach with the Department of Public Health was eliminated on 11-01-91.

PHYSICIAN SERVICES

AL *A 10/91 (+) Alabama will pay providers of all specialties in rural areas an enhanced rate for office and hospital visits in order to increase participation and improve access to care in rural areas. For providers in rural counties whose specialty is OB/GYN, Family Practice, General Practice, or Pediatrics, an enhanced rate will be paid for global delivery codes and delivery only codes.

AR *A 07/91 (+) Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

AR *A 07/91 ( ) Arkansas increased the base payment rate for anesthesiologists to $20.80. The base rate for certified registered nurse anesthetists increased to $16.64.

CT *A 07/91 (+) Connecticut issued a new physician's fee schedule.

GA *B 11/91 (-) Georgia proposed reducing by no more than 30% the reimbursement rate for the following surgeries: excision of ganglion (wrist), cholecystectomy, hernia repair, cystourthoscopy, circumcisions, hysterectomy, cataract, corrective surgery for strabismus, and arthoscopy (knu).

GA *A 03/91 (+) Georgia established an incentive payment of $100.00 to physicians who initiate prenatal care to Medicaid-eligible recipients in the first trimester of pregnancy.

HI *A 07/91 (+) Hawaii increased fees for all physicians, dentists, psychologists, optometrists, and podiatrists. The new rates reflect an increase from 56% to 60% of the community customary charge used to calculate the Medicaid allowance and are based on submitted

charge data for services rendered in calendar year 1990 and paid through March 31, 1991. Therefore, the Medicaid reimbursements for established providers will be the lower of:

- the charge on the claim; or
- 60% of the Medicaid community customary charge (up to the 75th percentile) for a speciality.

For new providers, the percentile is either 50%, or the Medicare cap for the service, if any.

KY *A 07/91 (+) Kentucky revised physician fees. The new upper limits for outpatient procedures are 100% of the 1989 median billed charges; inpatient services are 75% of the 1989 median billed charges. The fee for all deliveries, including cesarean sections, both inpatient and outpatient, has been increased from $650 to $900.

KY *A 07/91 (+) Kentucky increased certain physician fees as follows:

- the conversion factor for physician anesthesia services has been increased from $15.00 to $17.00 therefore the CRNA conversion factor (75%) will increase from $11.25 to $12.75.
- the fee for inpatient anesthesia services is set at 70% of the outpatient amount.

KY *A 02/91 (+) Kentucky changed reimbursement of the inpatient professional component services to 75% of usual and customary charges by Medicaid.

MD *A 03/91 (+) Maryland Medicaid increased the fee for a completed comprehensive evaluation and multidisciplinary assessment.

MI *A 03/91 (+) Michigan will increase reimbursement to physicians who perform a vaginal birth after a previous cesarian.

MT *A 10/91 (+) Montana Medicaid increased reimbursement for obstetrical services to 85% of Blue Cross Blue Shield allowable. Reimbursement for pediatric services was increased to 80% of Blue Cross Blue Shield allowable.

NY *A 07/91 (+) New York Medicaid established the Enhanced Fees for Physicians Program (HIV-EFP) which provides enhanced reimbursement to select primary care and specialty physicians for care rendered to recipients who are diagnosed as HIV infected or who are

at risk of becoming HIV infected. To participate, these physicians must meet special eligibility and practice criteria. The enhanced Medicaid fees were developed to promote HIV counseling and testing for persons at risk of HIV infection and to improve access to primary care office-based therapies for treatment of persons with HIV disease.

NC *A 08/91 (+) North Carolina's General Assembly enacted legislation to change copayment charges to Medicaid recipients. The new copayments are $1.00 for each prescription and refill, and $2.00 for each physcian visit.

OK *A 07/91 (+) Oklahoma Medicaid increased reimbursement for office visits and nursing home visits.

SC *A 09/91 (-) South Carolina reduced reimbursement within the physician services programs. These reductions affected a significant number of codes resulting in a 6% overall reimbursement reduction for physician services.

TN *A 08/91 (+) Tennessee established new maximum reimbursement rates for obstetrical care.

SERVICE	REIMBURSEMENT LIMIT
Routine obstetrical care including antepartum vaginal delivery and postpartum care.	$1,100.00
Vaginal delivery only	725.00
Antepartum care only	375.00
Postpartum care only	50.00
Routine obstetrical care including antepartum, cesarean delivery and postpartum care	1,300.00
Cesarean delivery only and postpartum care	925.00
Initial comprehensive obstetric visit	75.00
Routine follow-up antepartum visit	40.00

TX *A 04/91 (+) Texas increased payments for pediatricians, family practitioners, and obstetricians/gynecologists on four primary care procedure codes, vaginal delivery, and ante- and postpartum care.

UT *A 07/91 (+) Utah increased physician fees by 7% to providers in rural areas.

WA *A 01/91 (+) Washington increased reimbursement for the following procedures when provided by licensed midwives or physicians:

SERVICE DESCRIPTION	MAXIMUM ALLOWANCE
Routine antepartum care, 1st trimester	$125.04
Routine antepartum care, 2nd trimester	125.04
Routine antepartum care, 3rd trimester	349.96
Antepartum care only (all 3 trimesters)	600.04
Postpartum care only	69.77
Routine obstetric care including antepartum care, vaginal delivery, and postpartum care	1,200.00
Vaginal delivery only, including postpartum care	600.04
Midwife assistance at C-section	161.36

WI *A 07/91 (+) Wisconsin raised payment rates for primary and preventive physician services to children to rates equivalent to 60% of 1990 statewide average charges; rates for obstetric services were raised to 65% of 1990 statewide average charges.

WY *A 07/91 (-) Wyoming has instituted a one-year trial disproportionate share program to encourage primary care physicians to continue to practice in the state. Thirty percent or more of the physician's patients over the past six months must be Medicaid recipients. The physician will then be reimbursed an additional 10% of the Medicaid allowed fee for specific procedures.

NURSE PRACTITIONER, MIDWIFE, PHYSICIAN EXTENDER SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement to all nurse midwife providers. The new nurse midwife fee schedule will be based on 80% of the physician fee schedule. This fee increase is the result of the new 1991 gross receipts tax.

AR *A 07/91 ( ) Arkansas increased the base payment rate for anesthesiologists to $20.80. The base rate for certified registered nurse anesthetists increased to $16.64.

ME *A 02/91 ( ) Maine will now reimburse certified family and pediatric nurse practitioners under the physician services fee schedule for services provided within the scope of a practitioners' license.

WA *A 01/91 (+) Washington increased reimbursement for the following procedures when provided by licensed midwives or physicians:

SERVICE DESCRIPTION	MAXIMUM ALLOWANCE
Routine antepartum care, 1st trimester	$125.04
Routine antepartum care, 2nd trimester	125.04
Routine antepartum care, 3rd trimester	349.96
Antepartum care only (all 3 trimesters)	600.04
Postpartum care only	69.77
Routine obstetric care including antepartum care, vaginal delivery, and postpartum care	1,200.00
Vaginal delivery only, including postpartum care	600.04
Midwife assistance at C-section	161.36

OPTOMETRIST SERVICES

HI *A 07/91 (+) Hawaii increased fees for all physicians, dentists, psychologists, optometrists, and podiatrists. The new rates reflect an increase from 56% to 60% of the community customary charge used to calculate the Medicaid allowance and are based on submitted charge data for services rendered in calendar year 1990 and paid through March 31, 1991. Therefore, the Medicaid reimbursements for established providers will be the lower of:

- the charge on the claim; or
- 60% of the Medicaid community customary charge (up to the 75th percentile) for a speciality.

For new providers, the percentile is either 50%, or the Medicare cap for the service, if any.

DENTIST SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement by 40% for about 50 dental procedure codes. This rate increase is the result of the new 1991 gross receipts tax.

HI *A 07/91 (+) Hawaii increased fees for all physicians, dentists, psychologists, optometrists, and podiatrists. The new rates reflect an increase from 56% to 60% of the community customary charge used to calculate the Medicaid allowance and are based on submitted

charge data for services rendered in calendar year 1990 and paid through March 31, 1991. Therefore, the Medicaid reimbursements for established providers will be the lower of:
- the charge on the claim; or
- 60% of the Medicaid community customary charge (up to the 75th percentile) for a speciality.

For new providers, the percentile is either 50%, or the Medicare cap for the service, if any.

WI *A 07/91 (+) Wisconsin raised payment rates for all dental services to 63% of the statewide average 1990 charges.

PODIATRIST SERVICES

AR *A 07/91 (+) Arkansas expanded the podiatry program to include recipients age 21 and older. In addition, all podiatry providers will receive a 10% increase in Medicaid reimbursement rates. These changes are funded through the 1991 gross receipts tax.

HI *A 07/91 (+) Hawaii increased fees for all physicians, dentists, psychologists, optometrists, and podiatrists. The new rates reflect an increase from 56% to 60% of the community customary charge used to calculate the Medicaid allowance and are based on submitted charge data for services rendered in calendar year 1990 and paid through March 31, 1991. Therefore, the Medicaid reimbursements for established providers will be the lower of:
- the charge on the claim; or
- 60% of the Medicaid community customary charge (up to the 75th percentile) for a speciality.

For new providers, the percentile is either 50%, or the Medicare cap for the service, if any.

CHIROPRACTOR SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement by 50% for all chiropractic providers. The revenues for this fee increse are the result of the new 1991 gross receipts.

PHYSICAL THERAPY SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement by 23% for all physical therapy providers. This increase is funded through the revenues of the 1991 gross receipts tax.

OCCUPATIONAL THERAPY SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement by 23% for all occupational therapy providers. This fee increase is funded throught the new 1991 gross receipts tax.

SPEECH, HEARING AND LANGUAGE THERAPY SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement 10% for all hearing services providers. This increase is the result of the new 1991 gross receipts tax.

AR *A 07/91 (+) Arkansas increased reimbursement by 4% for all speech therapy providers. This fee increase is the result of the new 1991 gross receipts tax.

PSYCHOLOGIST SERVICES

AR *A 07/91 (+) Arkansas Medicaid increased reimbursement for all psychology providers. This increase is funded by the new 1991 gross receipts tax.

HI *A 07/91 (+) Hawaii increased fees for all physicians, dentists, psychologists, optometrists, and podiatrists. The new rates reflect an increase from 56% to 60% of the community customary charge used to calculate the Medicaid allowance and are based on submitted charge data for services rendered in calendar year 1990 and paid through March 31, 1991. Therefore, the Medicaid reimbursements for established providers will be the lower of:

- the charge on the claim; or
- 60% of the Medicaid community customary charge (up to the 75th percentile) for a speciality.

For new providers, the percentile is either 50%, or the Medicare cap for the service, if any.

IL *A 11/91 ( ) Illinois excluded inpatient psychiatric and physical rehabilitation services from its DRG prospective payment system.

OK *A 04/91 ( ) Oklahoma revised coverage of the following psychological services:

SERVICE DESCRIPTION	RATE
Psychological Services	$60.00/hour
Cognitive/Behavior	15.00/per 30 minutes.

Any combination of these services may not exceed 96 units every 12 months.

PA *A 09/91 (+) Pennsylvania has instituted a pooling process for private psychiatric hospitals and psychiartric units of acute care hospitals. The additional funding obtained from inpatient psychiatric provider pooling provides for:

a. Prospective per diem payment rates for inpatient psychiatric providers.

b. Expanded disproportionate share qualification criteria and increased disproportionate share payments.

c. Increased annual inflation factors used in determining the per diem payment rates.

TN *A 06/91 ( ) Tennessee revised reimbursement for mental health center services to a prospective payment schedule.

LAB AND X-RAY SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

AR *A 07/91 (+) Arkansas increased reimbursement for all portable x-ray providers. The new rates are based on 80% of the Blue Cross/Blue Shield customary rate. This increase is funded through the new 1991 gross receipts tax.

GA *B 03/91 (-) Georgia proposed to adjust reimbursement rates to equal Medicare payment rates for procedures and radiology services identified in OBRA'89 as overpriced.

KY *A 01/91 (-) Kentucky now reimburses laboratory services performed in the physician's office based on the Medicare laboratory fee schedule at the nonpatient 60% rate.

ME *A 12/91 ( ) Maine now reimburses on a fee-for-service basis for all laboratory and radiology services provided as an outpatient service.

WA *A 07/91 (+) Washington now covers radiologic examination of the spine. The maximum reimbursement rate is $17.86 per unit.

PRESCRIBED DRUGS

AR *A 07/91 (+) Arkansas increased the dispensing fee for it's pharmacy program to $4.51 + .103 (EAC). The dispencing fee will be capped at $20.00 per prescription. This fee increase is the result of the new 1991 gross receipts tax.

KY *A 04/91 ( ) Kentucky changed the methodology for covered drug reimbursement. It will now be based on the lesser of the average wholesale price (AWP) minus 10 percent, or direct price if no AWP is available, or the federal maximum allowable cost plus a dispensing fee, or the usual and customary billed charge.

KY *A 03/91 (+) Kentucky now covers the HBCG vaccine in multiple doses beginning at 2 months of age. The vaccine fee limit is set at $5.90.

MO *A 09/91 (-) Missouri Medicaid reimbursement for pharmacy claims will now be determined by applying the following methodology. Payment will be made at the lower of:

A. average wholesale price (AWP) less 10.43% plus professional dispensing fee;

B. applicable Federal upper limit plus professional dispensing fee;

C. applicable Missouri maximum allowable cost (MAC) plus professional dispensing fee; or

D. usual and customary charges.

The dispensing fee has been increased from $3.15 to $4.09 per prescription.

MO *A 01/91 ( ) Missouri Medicaid added coverage of insulin injections as an emergency treatment in a physician's office. This service will be reimbursed at the following rates:

Insulin U-100 standard	$1.74 per cc
Insulin U-100 pork or beef	2.69 per cc
Insulin U-100 human	2.13 per cc

NM *A 07/91 (+) New Mexico increased from $4.00 to $4.25 the dispensing fee paid to pharmacies for filling prescriptions for Medicaid recipients.

NC *A 08/91 (+) North Carolina's General Assembly enacted legislation to change copayment charges to Medicaid recipients. The new copayments are $1.00 for each prescription and refill, and $2.00 for each physcian visit.

FAMILY PLANNING SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement to all family planning providers by 10%. This increase is the result of the new 1991 gross receipts tax.

OK *A 07/91 (+) Oklahoma added coverage of Norplant as follows:

SERVICE DESCRIPTION	ALLOWED AMOUNT
Implant	$150.00
Norplant system kit	350.00
Removal of Implant	150.00

WA *A 03/91 (+) Washington revised reimbursement for the following family planning services:

Service	Maximum Allowance
Diaphragm fitting with instructions	$28.91
Insertion of Intrauterine Device (IUD)	$47.30

WA *A 03/91 (+) Washington established the following rates for the Norplant System birth control method:

DESCRIPTION	ALLOWABLE
Implantation of Norplant system	$40.47
Removal of Norplant system	55.19
Removal and reimplantation of a	80.42

	new Norplant system Norplant system kit	350.00+ tax

EPSDT SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement to all EPSDT providers based on a methodology for comparable serices.

AR *A 07/91 (+) Arkansas increased reimbursement for child health management service providers based on methodology for comparable services. The increased rate was made possible through the new 1991 gross receipts tax.

CO *A 04/91 (+) Colorado expanded EPSDT benefits to include interperiodic medical screening and partial medical screening. The following payment levels have been established:

Service Description	Max. Med. Benefit
Interperiodic screening - ages 0-11	$40.15
Interperiodic screening - ages 12-20	28.00
Partial screening - ages 0-20	23.80

MI *A 11/91 (-) Michigan reduced reimbursement by 18.4% for outreach funding. EPSDT outreach with the Department of Public Health was eliminated on 11-01-91.

MO *A 05/91 (+) Missouri Medicaid increased reimbursement for a full EPSDT screen to $60.00.

MT *A 01/91 (+) Montana revised reimbursement to nurse practitioners. Now nurse practitioners will receive the same level of reimbursement as physicians when performing EPSDT screens.

OK *A 10/91 ( ) Oklahoma revised the fee for EPSDT clinic immunization to $25.00

TX *D 06/91 (+) Texas now covers all Medicaid EPSDT clients under age 21 for any health care service that is medically necessary and appropriate, and is a federally allowable Medicaid benefit, regardless of the limitations of the Texas Medicaid program or whether the client has had a formal EPSDT screen.

WA *A 01/91 (+) Washington revised reimbursement for immunizations when materials are obtained from the health department. Providers should bill for a minimal office visit or a healthy kids screening (EPSDT). In addition to payment for the visit, the provider will receive $4.07 for administering the immunization.

OTHER DIAGNOSTIC, SCREENING AND PREVENTIVE SERVICES

NJ *A 08/91 ( ) New Jersey Medicaid revised the immunization schedule and reimbursement rates for childhood immunizations ranging from $3.03 to $39.87, depending on the procedure code.

WA *A 01/91 (+) Washington revised reimbursement for immunizations when materials are obtained from the health department. Providers should bill for a minimal office visit or a healthy kids screening (EPSDT). In addition to payment for the visit, the provider will receive $4.07 for administering the immunization.

REHABILITATIVE SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement by 20% to providers of rehabilitative services for persons with mental illness. This fee increase is the result of the new 1991 gross receipts tax.

AR *A 07/91 (+) Arkansas increased reimbursement by 20% to all providers of developmental day treatment clinic services (DDTCS). This fee increase is the result of the 1991 gross tax receipts tax.

CA *B 10/91 (+) California increased reimbursement rates for nursing facilities in the following areas:

- Level A (intermediate care) services - 4.45%;
- Intermediate care services for the developmentally disabled 9.76%
- Intermediate care services for the developmentally disabled/habilitative - 5.04%
- Intermediate care services for the developmentally disabled/nursing - 6.12%
- Level B (skilled nursing) services - 7.59%
- Subacute services - 5.57%

- Leave of absence - 3.56%
- Bedhold for hospitalization - 3.56%
- Hospice care - 7.50%

IL *A 11/91 ( ) Illinois excluded inpatient psychiatric and physical rehabilitation services from its DRG prospective payment system.

KS *A 03/91 (+) Kansas raised the maximum payment rate for habilitation services from $23.29 per day to $30.00 per day.

TRANSPORTATION SERVICES

AR *A 07/91 (+) Arkansas' increased reimbursement rates for ground ambulance transportation services to the Medicare 75th percentile.

AR *A 07/91 (+) Arkansas increased reimbursement from $.36 per mile to $.72 per mile for all profit and non-profit transportation providers. This fee increase is funded through the new 1991 gross receipts tax.

CO *A 06/91 ( ) Colorado Medicaid established new transportation allowances when more than one Medicaid-eligible individual is being transported.

# OF RIDERS (ONE WAY)	ALLOWANCE PER RIDER
2	$6.42
3	5.71
4	5.35
5	5.14
6	4.99
7	4.89
8	4.82
9	4.76
10 or more	4.71

GA *A 01/91 (+) Georgia increased rates for the following transportation services:
- minibus services to a base rate of $2.95 per one-way trip;
- wheelchair van services to a base rate of $3.85 per one-way trip and $7.70 per round trip;
- automobile mileage rates to $0.25/mile for first recipient, $0.12/mile for second recipient, and $0.06/mile for three or more recipients.

ME *A 08/91 (+) Maine expanded home-and community-based waiver services for the elderly under personal care services to include ambulation under ADL's and reimbursement for a live-in personal care attendant (PCA), up to $43.68 per day. The services are reimbursable to qualified family members with the exception of the client's spouse or the parent of a minor client.

ME *A 04/91 (+) Maine eliminated the sole source contract for air ambulance services and adopted rules and reimbursement rates for qualified providers.

MT *A 07/91 (+) Montana Medicaid revised reimbursement for ambulance services. The reimbursement rate was increased for general ambulance services and ambulance services involving advance life support features, and allowed reimbursement for medical equipment and supplies.

NJ *A 08/91 (-) New Jersey Medicaid increased from $25.00 to $50.00 per one way trip the payment limit for the purchase of non-emergency medical transportation services for CCPED clients.

PROSTHETIC DEVICES

AR *A 07/91 (+) Arkansas increased reimbursement by 35% for all end stage renal disease (ESRD) providers. This fee increase is the direct result of the new 1991 gross receipts tax.

SC *A 11/91 (+) South Carolina now reimburses for prosthetic devices at 80% of current Medicare allowable rates. Apena monitors are reimbursed at the Medicaid calculated rate of $174.20.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES

AR *A 07/91 (+) Arkansas increased reimbursement by 33% for all ventilator equipment providers per procedure code for the positive and negative pressure ventilator. This increase is a direct result of the new 1991 gross receipts tax.

ID *A 02/91 ( ) Idaho changed the reimbursement methodology for medical equipment and supplies to a fee schedule, which replaces median charges for individual provider services.

KY *A 01/91 (-) Kentucky has limited the allowable cost of oxygen concentrator rentals as follows:
- a facility may assign a separate concentrator to any resident who has needed oxygen during the prior or current month and for whom there is a doctor's standing order for oxygen.
- an outside supplier's allowable cost will be based on actual wage. A minimum charge (not to exceed 25% of the Medicare Part B maximum) is allowable if the concentrator is used less than an average of 2 hours per day for the entire month.
- a maximum charge (not to exceed 100% of the Medicare Part B maximum) is allowable if the concentrator is used an average of 8 hours per day for the entire month.
- a facility shall be limited to 1 standby oxygen concentrator for each nurses station, with the expense considered a routine nursing expense for any month that has no actual equipment usage. Waiver of this limit may be granted.

MS *A 03/91 ( ) Mississippi established a maximum reimbursement of $55 per day for home uterine monitors, including all contacts, transmissions, tracing, interpretations, records and reports.

SC *A 09/91 (-) South Carolina reduced reimbursement by 25% for medical supplies, oxygen therapy, hospital services, monitoring, equipment, orthotics and prosthetics.

LONG TERM CARE SERVICES

HOME HEALTH SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement by 45% for all home health providers. This increase is the result of the new 1991 gross receipts tax.

GA *B 10/91 (-) Georgia proposed to decrease spending in home health services by implementing the following:
1) Reimbursement rates will be established using FY'89 cost reports plus an inflation factor of 5.4% for '90 and 5.6% for '91.
2) Reducing the percentile ceiling from 85th percentile to the 75th;
3) Reducing allowable professional dues from 90% of reasonable cost to 50%.
4) Reducing the home health visit limit from 100 per recipient per calendar year to 75.

MO *A 11/91 (+) Missouri increased the maximum allowable fee for home health services to $57.37 per visit.

NJ *A 08/91 (-) New Jersey increased reimbursement for personal care assistant services and for homemaker services provided under its Community Care Program for the Elderly and Disabled (CCPED) and the Home Care Expansion Program (HCEP) as follows:

Personal Care Assistant Services	Max. Fee
Per Hour/Weekday/Individual	up to $14.00
Per Hour/Weekday/Group	up to $11.00
Per Half hour/Weekday/Individual	up to $ 7.00
Per Half hour/Weekday/Group	up to $ 5.50
Per Hour/Weekend/Holiday/Individual	up to $17.00
Per Half hour/Weekend/Holiday/Individ.	up to $ 8.50
Per Hour/Weekend/Holiday/Group	up to $12.00
Per Half hour/Weekend/Holiday/Group	up to $ 6.00

Homemaker Services Under CCPED and HCEP	
Homemaker/Hourly/Weekday	up to $14.00
Homemaker/Hourly/Weekend/Holiday	up to $17.00

NJ *A 01/91 (+) New Jersey increased the home health aide cost limit for certified providers by a factor of 1.25.

NM *A 12/91 (-) New Mexico proposed reducing the cost limit to home health agencies by 3.1 percentage points.

SC *A 10/91 (-) South Carolina reduced reimbursement for home health services to 90% of the July 1, 1991 interim rates. Cost settlement will be limited to the lesser of allowable Medicare costs, charges, the Medicare costs limits, or the October 1, 1991 interim rate.

TN *A 07/91 ( ) Tennessee revised its methodology for reimbursing home health agencies. Reimbursement is the lower of charges of cost per category of service capped at a statewide median cost for each category of service.

VA *A 06/91 ( ) Virginia implemented fee-for-service reimbursement for home health services.

WA *A 01/91 (+) Washington increased reimbursement by 4 percent for all services under the home health and special duty nurse programs.

PERSONAL CARE SERVICES

AR *A 07/91 (+) Arkansas increased reimbursement by 35% to all private duty nursing providers. This increase is the result of the new 1991 gross receipts tax.

AR *A 07/91 (+) Arkansas increased reimbursement for all personal care providers from $7.60 to $10.00. This fee increase is the result of the new 1991 gross receipts tax.

KS *A 03/91 (+) Kansas raised the maximum payment rate for residential care and training from $28.46 per day to $38.00.

ME *A 08/91 (+) Maine expanded home-and community-based waiver services for the elderly under personal care services to include ambulation under ADL's and reimbursement for a live-in personal care attendant (PCA), up to $43.68 per day. The services are reimbursable to qualified family members with the exception of the client's spouse or the parent of a minor client.

ME *A 07/91 (+) Maine increased the reimbursement ceiling to $21,500.00 per recipient per year for day habilitation services for the mentally disabled. In the event of a partial year of operation, the maximum amount will be prorated over the number of calendar days for the operating period.

ME *A 07/91 (+) Maine added coverage for private duty nurse and personal care services provided outside a recipients' home, and increased reimbursement rates for services provided under the program.

NJ *A 08/91 (-) New Jersey increased reimbursement for personal care assistant services and for homemaker services provided under its Community Care Program for the Elderly and Disabled (CCPED) and the Home Care Expansion Program (HCEP) as follows:

Personal Care Assistant Services	Max. Fee
Per Hour/Weekday/Individual	up to $14.00
Per Hour/Weekday/Group	up to $11.00
Per Half hour/Weekday/Individual	up to $ 7.00
Per Half hour/Weekday/Group	up to $ 5.50
Per Hour/Weekend/Holiday/Individual	up to $17.00
Per Half hour/Weekend/Holiday/Individ.	up to $ 8.50
Per Hour/Weekend/Holiday/Group	up to $12.00
Per Half hour/Weekend/Holiday/Group	up to $ 6.00

Homemaker Services Under CCPED and HCEP	
Homemaker/Hourly/Weekday	up to $14.00
Homemaker/Hourly/Weekend/Holiday	up to $17.00

WA *A 01/91 (+) Washington increased reimbursement by 4 percent for all services under the home health and special duty nurse programs.

CASE MANAGEMENT

AR *A 07/91 (+) Arkansas increased reimbursement by 21% for all targeted case management providers. The fee increases are funded by the new 1991 gross receipts tax.

ME *A 11/91 (+) Maine revised the maximum allowances for case management services for families of abused or neglected children, children and young adults who are in the care and custody of the Human Services Dept. or an agency in another state and placed in Maine, families of children who are receiving post adoption services, and for adults in need of protective services.

HOSPICE

CA *B 10/91 (+) California increased reimbursement rates for nursing facilities in the following areas:

- Level A (intermediate care) services - 4.45%;
- Intermediate care services for the developmentally disabled 9.76%
- Intermediate care services for the developmentally disabled/habilitative - 5.04%
- Intermediate care services for the developmentally disabled/nursing - 6.12%

- Level B (skilled nursing) services - 7.59%
- Subacute services - 5.57%
- Leave of absence - 3.56%
- Bedhold for hospitalization - 3.56%
- Hospice care - 7.50%

KS *A 11/91 (+) Kansas allows recipients of hospice services to receive services through the home and community based services program, as long as the HCBS services do not duplicate services being rendered by the hospice provider.

UT *A 01/91 (-) Utah has established new rates for Medicaid recipients receiving hospice care who are not in a nursing home. Rates will be based on one of four predetermined Medicare rates. The appropriate rate is determined based on the type and intensity of services for that individual according to one of the following levels of care: routine home care, continuous home care, inpatient respite care, or general inpatient care.

OTHER COMMUNITY-BASED LONG TERM CARE SERVICES

NM *A 04/91 ( ) New Mexico revised the method that is used to pay for room and board services when the hospice recipient resides in a nursing facility.

NY *A 06/91 (-) New York enacted the assisted living program legislation which authorizes capitated payments to operators for the provision of all the community-based long term care services eligible individuals require. Targeted to individuals seeking community-based services and awaiting placement from an acute care facility, this program will reduce reliance upon nursing facility care and result in more efficient use of the long term care system and encourage development of less costly alternative settings for care. These programs would be reimbursed the equivalent of 50 percent of what the individual's care would have cost in a nursing facility in their county. Operators would be required to provide all participants personal care, home health, and other community-based services within that amount, regardless of whether the individuals' care needs exceeded or were less than the reimbursement level. Up to 4,200 beds can be developed throughout the state for this purpose.

ACUTE CARE

INPATIENT HOSPITAL CARE

AL *A 07/91 (+) Alabama extended coverage for children under age 6 in disproportionate share hospitals to an unlimited number of days.

AL *A 07/91 (+) Alabama added heart transplants and adult liver transplants as covered Medicaid services. In addition, changes in benefit limitation and payments for bone marrow transplants and liver transplants are as follows:

- All transplants must meet medical criteria outlined in the Alabama Medicaid Transplant Manual.
- Coverage of liver transplants has been expanded to include eligible recipients over the age of 21.
- Bone marrow, heart, and liver transplants require prior authorization and must be performed within state boundaries. If there is no in-state facility or expertise within Alabama, the Agency may grant approval for an out-of-state procedure.
- Providers will be reimbursed by a global payment which represents payment in full for all services related to the transplant. The payment schedule is as follows:
  - Bone Marrow Transplant - the lesser of the total charges or a global payment up to a maximum of $90,000
  - Heart Transplant - the lesser of the total charges or a global payment up to a maximum of $135,000
  - Liver Transplant - the lesser of the total charges or a global payment up to a maximum of $145,000
- EPSDT - approved transplants other than those listed above may be prior authorized if determined to be medically necessary.

AR *A 07/91 (+) Arkansas revised reimbursement to all rehabilitative hospital providers. Rehabilitative hospital providers will now reimburse a cost per diem not to exceed $350. This increase is the result of the new 1991 gross receipt tax.

AR *A 07/91 ( ) Arkansas revised reimbursement for hospitals which began cost reimbursement on/or after July 1, 1991, establishing interim per diem rates with year-end cost settlements (for inpatient services only).

AR *A 07/91 (+) Arkansas increased the base rate for certified registered nurse anesthetists (CRNA's) from $10.01 to approximately $14.00. The rate increase is the result of the new 1991 gross receipts tax.

CA *B 05/91 ( ) California set new reimbursement limits for inpatient hospital services. Reimbursement shall be the lesser of the following 4 items for each provider:

1. Exempt rural hospital;
2. Clarify the basic reimbursement and peer-group formulas;
3. Expand the lost of appealable items; and
4. Extend the time requirements to submit data for administrative adjustments.

The state stresses the importance of providers submitting accurate data from the beginning in order to reduce the need for unnecessary appeals.

GA *B 11/91 (-) Georgia proposed adjusting inpatient payment rates by:
1) calculating reimbursable Medicaid capital costs using a minimum occupancy rate for bed-size categories as follows: 50 beds or less - 55 percent; 51 to 100 beds - 60 percent; 101 to 150 beds - 65 percent; and 150+ beds - 70 percent. Hospitals with an occupancy rate below the established minimums will have their reimbursable capital costs reduced proportionately based on the percentage difference between the actual occupancy rate and the minimum rate for the appropriate category. The actual occupancy rate will be determined from each hospital's fiscal year 1990 cost report on file with the Department. Rural hospitals with less than 100 beds will be excluded from the occupancy adjustment; and
2) limiting the allowability of professional dues for national, state, and local associations to 50 percent of reasonable cost.
Effective with date of payment on and after November 1, 1991:
1) reimburse for cost-based outpatient services at 94.2% of allowable operating costs plus 90% of allowable operating capital costs. The final determination of reimbursable cost will be made at

the time outpatient settlements are made using audited cost reports; and
2) limit payment on outpatient Medicare crossover claims by: (a) multiplying the allowable deductible and coinsurance amount by the hospital-specific percent of charges rate on the date of payment; (b) compare the product from (a) to the hospital's inpatient per case rate on the date of payment; and (c) reimburse the lower of the two amounts in (b).

GA *B 10/91 (+) Georgia proposed changes in the statewide methods and standards for setting payment rates for disproportionate share hospitals.

GA *A 07/91 (+) Georgia revised the disproportionate share hospital criteria to:
1) Include a hospital which is a Medicare rural referral center and which has 10% or more Medicaid patient days and 30% or more Medicaid deliveries;
2) Subject to the availability of funds, make a monthly DSH adjustment to those providers who offer the following: AIDS clinics, poison control centers, genetics/sickle cell screenings, and maternal and infant health services.

GA *A 01/91 (+) Georgia increased reimbursement per-diem rates for swing-bed providers to $72.72.

IL *A 11/91 ( ) Illinois now pays hospitals not reimbursed by the DRG prospective payment system on a per diem basis. The per diem rate includes operating capital, direct medical education, and CRNA costs.

IL *A 11/91 ( ) Illinois increased the per diem rate for hospitals to the national total hospital market basket price proxies (DRG). The per diem rate is re-based every third year.

IL *A 11/91 ( ) Illinois excluded transplant services from its DRG prospective payment system.

IL *A 11/91 ( ) Illinois reimburses children's hospitals for inpatient services by calculating the median trended rate for each hospital and comparing that to the median trended rate of all children's hospitals combined. Each children's hospital is reimbursed an amount equal to its trended median rate plus or

minus half the difference between its own trended rate and the trended median rate for all children's hospitals combined.

IL *A 11/91 ( ) Illinois will make adjustments to payments made to disproportionate share hospitals that are exempt from the DRG prospective payment system.

IL *A 11/91 ( ) Illinois reimburses hospital inpatient services in accordance with the diagnosis related group prospective payment system (DRG PPS).

IL *A 11/91 ( ) Illinois now assesses copayments on inpatient hospital services in the following amounts:

1) For inpatient hospital services in hospitals with an alternate cost per diem rate of $325 or more the co-payment rate is $3 per day.

2) For inpatient hospital srevices in hospitals with an alternate cost per diem rate of more than $275 but less than $325, the copayment rate is $2 per day.

3) Inpatient hospital services in hospitals with an alternate cost per diem rate of $275 or less have no copayment.

IL *A 11/91 ( ) Illinois excluded the hospitals listed below from its DRG prospective payment system:

- Psychiatric hospitals
- Rehabilitation hospitals
- Children's hospitals
- Long-term care hospitals
- Out-of-state hospitals
- Sole community hospitals
- Public hospitals

KS *A 02/91 ( ) Kansas now allows non-community mental health partial hospitalization programs to begin billing procedure codes for pharmacology management and medication review by an R.N. with prior authorization. By billing these procedure codes, the individual psychotherapy code will no longer be utilized for medication reviews, thus eliminating the prior authorization requirement.

KY *A 07/91 (+) Kentucky revised physician fees. The new upper limits for outpatient procedures are 100% of the 1989 median billed charges; inpatient services are 75% of the 1989 median billed charges. The fee for all deliveries, including cesarean sections, both inpatient and outpatient, has been increased from $650 to $900.

KY *A 07/91 (+) Kentucky expanded reimbursement payments relating to children in disproportionate share hospitals. Children are now covered up to age 6 for medically necessary inpatient hospital stays resulting in exceptionally long lengths of stay in disproportionate share hospitals. For infants under age one, the same coverage and reimbursement is available at all hospitals.

KY *A 02/91 (+) Kentucky changed reimbursement of the inpatient professional component services to 75% of usual and customary charges by Medicaid.

KY *A 01/91 (+) Kentucky increased reimbursement rates to hospitals for the 1991 rate year as follows:

Peer Group	1/1/90 Upper Limit	1/1/91 Upper Limit
0-50- Bed Size		
Median	$357.07	$368.36
120% of Median	$428.48	$442.03
51-100 Bed Size		
Median	$417.29	$420.19
120% of Median	$500.75	$504.23

KY *A 01/91 (+) Kentucky revised the maximum reimbursement rates for inpatient services provided in out-of-state hospitals as follows:

Bed Size	Out-of State Max. Per-Diem Rate	Out of State Disproportionate Share Upper Limit
0 - 50	$413.05	$449.89
51 - 100	485.97	527.99
101 - 200	462.48	503.38
201 - 400	545.47	592.32
400 +	620.73	677.17

ME *A 12/91 ( ) Maine now defines any psychiatric hospital meeting the minimum criteria described below as a disproportionate share hospital:

1. The hospital must have a) a Medicaid inpatient utilization rate at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payments in the state; or b) have a low-income patient utilization rate exceeding 25%; or c) have a Medicaid utilization rate (based on charges) which equals 3% or more.

2. The hospital must have at least 2 obstetricians, or physicians who perform non-emergency obstetric procedures in rural areas, with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a state Medicaid plan.

3. The obstetric-related criteria above do not apply to hospitals with inpatients predominantly under 18 years of age, or hospitals that do not offer non-emergency obstetric services.

4. For determining disproportionate share eligibility in a payment year, the hospital's Medicare cost report as filed for the same period will be applied under one of the methods outlined in Section 1.

ME *B 05/91 (+) Maine proposed to change the disproportionate share hospital Medicaid utilization rate from 15% to 25%.

MD *A 07/91 (-) Maryland Medicaid recalculated the DRG day limits for hospital stays of recipients in state-only eligibility categories. The day limits will be calculated using 50% of the average length of stay, instead of the present 60%.

MI *A 10/91 (+) Michigan rebased inpatient hospital rates on data from hospital cost years Oct. 1, 1988 through Sept. 30, 1989.

MS *C 06/91 (+) Mississippi Medicaid increased reimbursement by 5% to all institutional providers except those already reimbursed at full cost.

MO *A 07/91 (-) Missouri limited inpatient hospital crossovers to not exceed Medicaid payment amounts.

NM *A 10/91 (+) New Mexico revised the method that is used to pay for room and board services when the hospice recipient resides in a nursing facility.

NM *A 10/91 (-) New Mexico lowered the inflation factor used to adjust inpatient hospital rates to .5% for urban hospitals and 1.5% for rural hospitals.

NM *A 10/91 (+) New Mexico set reimbursement rates for out of state (over 100 miles from the state border) specialty hospitals and residential treatment centers at 70% of billed charges or a negotiated rate.

OH *A 09/91 (+) Ohio increased inpatient hospital base rates by 4.5 percent for all hospitals paid under the DRG systems.

OH *A 09/91 (+) Ohio has implemented enhanced outlier payments to hospitals which provide services for a larger portion of the total number of persons with AIDS.

OH *A 09/91 ( ) Ohio has assigned a DRG for heart, liver, and bone marrow transplants reimbursement. Bone marrow harvesting costs will be reimbursed by DRG when separate admissions occur for the harvesting and transplant.

OR *A 10/91 (-) Oregon established the following rates for multiple surgical procedures:

A. The primary procedure will be paid at the lesser of the billed amount or 100% of OMAP's maximum rate;

B. The second and third procedures will be paid the lesser of the billed amount or 50% of OMAP's maximum rate;

C. For each additional procedure, the rate is the lesser of the billed amount or 25% of OMAP's maximum rate.

OR *A 07/91 ( ) Oregon revised reimbursement for type B rural hospitals to retrospective cost based.

PA *A 05/91 (+) Pennsylvania has instituted an acute care pooling process which provides additional funding for in-state acute care hospitals. The additional funding obtained from pooling provides for the following:

a. Increased disproportionate share payments to an expanded number of in-state disproportionate share hospitals.

b. The extension of disproportionate share status to qualifying rural and sole community hospitals.

SC *A 09/91 (-) South Carolina reduced reimbursement for the following hospital sources:

HOSPITAL CARE	REIMBURSEMENT
Initial care, brief history	$28.00
Initial care, comprehensive history	$40.00
Subsequent care, brief services	$ 9.60
Subsequent care, intermediate services	$13.60
EMERGENCY CARE	
ER care, in hospital	$24.00
ER care, not regular hours	$32.00
ER care, regular hours	$28.00

SC *A 09/91 (-) South Carolina reduced reimbursement by 25% for medical supplies, oxygen therapy, hospital services, monitoring, equipment, orthotics and prosthetics.

SC *A 07/91 (+) South Carolina increased the per diem rate for administrative days to $70.33 for July 1 through Aug. 31; and to $70.54 on Sept. 1.

VT *A 10/91 (-) Vermont established a supplemental disproportionate share program for hospitals. Hospitals with 5% or more Medicaid days qualify for this payment. The annual payment shall be calculated by dividing the qualified Medicaid inpatient days of each hospital by the total of such inpatient days of all eligible hospitals.

VT *A 06/91 (-) Vermont established the Health Care Improvement Program (HCIP). This program establishes a trust fund for the benefit of hospitals serving a disproportionate share of Medicaid recipients.

WI *A 07/91 (+) Wisconsin implemented a supplemental funding program for government-dependent rural hospitals.

WI *A 01/91 ( ) Wisconsin implemented a DRG payment methodology for inpatient hospital reimbursement.

OUTPATIENT HOSPITAL SERVICES

AL *A 07/91 (+) Alabama increased the payment ceiling for urban hospitals to the 80th percentile.

AR *A 07/91 (+) Arkansas increased reimbursement to all ambulatory surgical center, physician, outpatient hospital, and laboratory and x-ray providers. The increase is equal to 80% of the Blue Cross/Blue Shield customary rate. The increased reimbursement is the result of the new 1991 gross receipts tax.

CT *A 07/91 (+) Connecticut issued a new fee schedule for New Britain Memorial Hospital outpatient services.

GA *A 02/91 (+) Georgia set the maximum allowable payment for any outpatient hospital service claim at the hospital's Medicaid-specific inpatient per case rate.

KY *A 07/91 (+) Kentucky revised physician fees. The new upper limits for outpatient procedures are 100% of the 1989 median billed charges; inpatient services are 75% of the 1989 median billed charges. The fee for all deliveries, including cesarean sections, both inpatient and outpatient, has been increased from $650 to $900.

ME *A 12/91 ( ) Maine now reimburses on a fee-for-service basis for all laboratory and radiology services provided as an outpatient service.

NJ *A 07/91 (-) New Jersey Medicaid reduced interim payments for outpatient services by 4.4%.

OH *A 09/91 (+) Ohio increased all outpatient service fees except laboratory and radiology procedures by 8.6 percent.

SC *A 10/91 (-) South Carolina Medicaid reduced its outpatient fee schedule.

TX *A 05/91 (+) Texas adopted a disproportionate share program for state-owned teaching hospitals.

UT *A 05/91 (-) Utah now reimburses outpatient hospital claims at 70% of allowed charges for urban hospitals and 93% of allowed charges for rural hospitals. Exceptions are lithotripsey, federally qualified health centers, and laboratory and radiology services.

UT *A 01/91 ( ) Utah established a fixed fee of $2,800 for lithotripsy services in an outpatient hospital setting. The fixed fee applies to all services related to lithotripsy for 90 days with the exception of physician services, which are billed separately.

UT *A 01/91 ( ) Utah revised payment for outpatient hospital lithotripsy services to the lower of either the amount billed or the established Medicaid rate.

HOSPITAL EMERGENCY ROOM SERVICES

VA *A 07/91 (-) Virginia implemented a fee reduction program for the delivery of non-emergency services provided in hospital emergency departments.

LONG TERM CARE SERVICES

NURSING FACILITY SERVICES

CA *B 08/91 (+) California increased reimbursement rates for nursing facilities in the following areas:

- Level A (intermediate care) services - 4.45%;
- Intermediate care services for the developmentally disabled 9.76%
- Intermediate care services for the developmentally disabled/habilitative - 5.04%
- Intermediate care services for the developmentally disabled/nursing - 6.12%
- Level B (skilled nursing) services - 7.59%
- Subacute services - 5.57%
- Leave of absence - 3.56%
- Bedhold for hospitalization - 3.56%
- Hospice care - 7.50%

GA *B 11/91 (-) Georgia proposed to adjust per diem payment rates in nursing homes by:
1) eliminating the return on equity costs;
2) reducing the cost cap for facilities with unusable cost reports to 90% of the mon-property

standards;
3) limiting the allowability of professional dues to 50% of reasonable cost; and
4) reducing the salary ceiling for home office staff from the 90th percentile to the 70th of arrayed base priced cost.

GA *B 07/91 (+) Georgia proposed adjusting reimbursement rates to nursing homes as follows:
- All level III nursing facilities will receive a per diem rate add-on of $1.45;
- All nursing facilities with more than 120 beds will receive a per diem rate add-on of $1.11; and
- All nursing facilities not included above will receive a per diem rate add-on of $.95.

Per diem rates will be further adjusted by $.50 to reimburse the cost of replacement wages and overtime for nurse aide training and testing. This adjustment does not apply to ICF/MR facilities.

GA *A 04/91 (+) Georgia increased the per diem reimbursement rate for non-state nursing homes by $1.24.

GA *A 02/91 (-) Georgia set the maximum allowable payment for any nursing home coinsurance (crossover) claims at the nursing homes Medicaid-specific per diem rate.

IL *A 10/91 ( ) Illinois now reimburses for long-term care services on a per diem basis. In determining the number of days for which payment can be made, the day of admission to the facility is counted. The day of discharge from the facility is not counted, unless it is the day of death.

IL *A 10/91 (-) Illinois repealed its determiniation of a cap on payments for long-term care.

IL *A 10/91 ( ) Illinois bases the approved payment amount for long-term care services on the type and amount of services actually being furnished to a resident, and is determined in accordance with the departments rate schedule.

Costs not related to patient care, as well as costs in excess of those required for the efficient and economical delivery of care, will not be reimbursed.

KY *A 03/91 ( ) Kentucky revised the nursing facility case mix reimbursement patient criteria as follows:
- specific documentation of physician's approval and periodic reassessment of the plan of care is no longer required for documenting ADL dependencies.
- physicians now have 14 days rather than 7 to sign telephoned or electronically generated orders.
- certain basic case mix patient assessment documentation criteria may be waived for newly-admitted residents within 21 days of the case mix assessment target date designated by the Peer Review Organization.

MT *A 07/91 (+) Montana Medicaid rebased the system of reimbursement for nursing facilities to a more current cost level.

NJ *A 01/91 ( ) New Jersey established a single daily rate of $82.27 for NF care.

NM *A 11/91 (-) New Mexico reduced by 2 percentage points the inflation factor used to update nursing facility rates and delayed rebasing rates for one three-year cycle.

NC *A 12/91 (+) North Carolina revised transfer of resource regulations to reflect an increase in the average skilled private nursing home rate to $2,511 from $1,984.

OH *A 08/91 ( ) Ohio adopted a new reimbursement methodology for long-term care NFs and ICFs/MR. They are changing from a resident review system to a prospective per per diem rate system, based upon interim settlements and prior period six-month cost reports.

OK *A 07/91 (+) Oklahoma Medicaid increased reimbursement for office visits and nursing home visits.

OK *A 04/91 ( ) Oklahoma revised facility reimbursement rates for the following:
Effective: April 1, 1991
NF, daily rate: $45.91
ICF-MR Private Type B daily rate: $81.15

Effective: July 1, 1991
NF, daily rate: $45.40
ICF-MR Private Type B daily rate: $80.00

PA *A 06/91 (-) Pennsylvania has instituted a nursing facility pooling process for long-term care recipients which includes:

A. Disproportionate share payments to county nursing facilities in which at least 80% of the total patient days are Medicaid funded, and the number of certified medical assistance beds is greater than 270.

B. Program supplementation payments will be made to assist nursing facilities in adjusting to the new case-mix reimbursement system.

C. Revising the inflation factor used in establishing ceilings on net operating costs.

D. Payment of interim cost settlements on acceptable year-end cost reports are being added that will equal 90% of the facility's reported allowable medical assistance costs.

PA *A 06/91 (-) Pennsylvania has instituted a nursing facility pooling process for long-term care recipients which includes:

A. Disproportionate share payments to county nursing facilities in which at least 80% of the total patient days are Medicaid funded, and the number of certified medical assistance beds is greater than 270.

B. Program supplementation payments will be made to assist nursing facilities in adjusting to the new case-mix reimbursement system.

C. Revising the inflation factor used in establishing ceilings on net operating costs.

D. Payment of interim cost settlements on acceptable year-end cost reports are being added that will equal 90% of the facility's reported allowable medical assistance costs.

SC *A 09/91 (-) South Carolina Medicaid reduced reimbursement for the following nursing home services:

SERVICE DESCRIPTION	REIMBURSEMENT
Initial care, comprehensive history	$40.00

Subsequent care, brief service	$ 9.60
Subsequent care, limited service	$13.60
Subsequent care, intermediate service	$13.60

VT *A 10/91 (-) Vermont established a supplemental disproportionate share program for hospitals. Hospitals with 5% or more Medicaid days qualify for this payment. The annual payment shall be calculated by dividing the qualified Medicaid inpatient days of each hospital by the total of such inpatient days of all eligible hospitals.

VA *A 09/91 (+) Virginia increased per-patient-day ceilings for full-service management fees in nursing facilities. The new ceilings are:

Aug. 1 - Dec. 31, 1990	$2.81
Jan. 1 - Dec. 31, 1991	2.97

ICF/MR SERVICES

IL *A 10/91 ( ) Illinois now reimburses for long-term care services on a per diem basis. In determining the number of days for which payment can be made, the day of admission to the facility is counted. The day of discharge from the facility is not counted, unless it is the day of death.

IL *A 10/91 ( ) Illinois bases the approved payment amount for long-term care services on the type and amount of services actually being furnished to a resident, and is determined in accordance with the departments rate schedule.

Costs not related to patient care, as well as costs in excess of those required for the efficient and economical delivery of care, will not be reimbursed.

ME *A 12/91 ( ) Maine now defines any psychiatric hospital meeting the minimum criteria described below as a disproportionate share hospital:

1. The hospital must have a) a Medicaid inpatient utilization rate at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payments in the state; or b) have a low-income patient utilization rate exceeding 25%; or c) have a Medicaid utilization rate (based on charges) which equals 3% or more.

2. The hospital must have at least 2 obstetricians, or physicians who perform non-emergency obstetric procedures in rural areas, with staff privileges at the hospital who have agreed to provide obstetric services to individuals entitled to such services under a state Medicaid plan.

3. The obstetric-related criteria above do not apply to hospitals with inpatients predominantly under 18 years of age, or hospitals that do not offer non-emergency obstetric services.

4. For determining disproportionate share eligibility in a payment year, the hospital's Medicare cost report as filed for the same period will be applied under one of the methods outlined in Section 1.

OH *A 08/91 ( ) Ohio adopted a new reimbursement methodology for long-term care NFs and ICFs/MR. They are changing from a resident review system to a prospective per per diem rate system, based upon interim settlements and prior period six-month cost reports.

OK *A 04/91 ( ) Oklahoma revised facility reimbursement rates for the following:
Effective: April 1, 1991
NF, daily rate: $45.91
ICF-MR Private Type B daily rate: $81.15

Effective: July 1, 1991
NF, daily rate: $45.40
ICF-MR Private Type B daily rate: $80.00

INPATIENT PSYCHIATRIC SERVICES FOR INDIVIDUALS UNDER 22

AR *A 07/91 (+) Arkansas increased reimbursement for all inpatient psychiatric services for clients under age 21. The new fee is based on a cost per diem not to exceed $350.00.

ACUTE CARE

AL *A 07/91 (-) Alabama expanded the freedom of choice waiver for maternity care to St. Clair county. All pregnancy related services must be coordinated through the Jefferson County Health Department.

IA *A 04/91 ( ) Iowa Medicaid has increased the mimimum protection level of resources for the community spouse to $24,000.

NY *A 06/91 (-) New York enacted a program which authorizes the Medicaid program to purchase continuation of health insurance policies for persons with AIDS whose incomes are between 100 and 185 percent of the Federal poverty level. It is expected that this program will defer Medicaid spend down and expenditures, encourage continuity of care with individuals' existing medical practitioners, and maintain independence from Medicaid eligibility.

LONG TERM CARE

CO *A 01/91 (-) Colorado added home- and community-based services for persons with AIDS. The services provided include:

case management;
personal care and homemaker;
adult day care;
private duty nursing;
hospice; and
intensive supervision of foster care children with AIDS.

Prior authorization is required for the above mentioned services.

DE *A 01/91 (-) Delaware Medicaid added a home- and community-based waiver program to serve individuals with AIDS and other HIV-related diseases.

IA *A 07/91 ( ) Iowa established 133% of the Federal poverty level as the maintenance need for dependents of either spouse when one spouse received Medicaid in a Medicaid institution or enrolled in waivers.

IA *A 07/91 (-) Iowa Medicaid added a home and community-based services waiver for the elderly. The waiver is limited to seven counties. The following services are provided: adult day care, home health service, homemaker service, nursing care and respite care.

IA *A 01/91 (-) Iowa Medicaid has approved a home-and community-based waiver for persons with HIV/AIDS. The waiver includes counseling, home health aids, homemaker, nursing care, and respite care.

KS *A 08/91 ( ) Kansas Medicaid no longer covers wellness monitoring (W1109) for HCBS recipients when provided within the same 60-day period as skilled nursing services provided by a home health agency.

NY *A 08/91 (-) New York Medicaid established a model waiver, the OMRDD Care at Home III Program. This program will allow two hundred developmentally disabled children to receive all of the usual Medicaid services available. In addition, program recipients will receive case management, respite care, medical-social services, respiratory therapy, nutrition counseling, and selected home adaptation services determined to be medically necessary.

OTHER APPROACHES

AL *A 08/91 ( ) Alabama implemented clarifications and changes in the inpatient psychiatric program for individuals under age 21. These changes are as follows:

- Medicaid recipients under age 21 who meet the medical criteria for admission and continued stay must be admitted to and remain in the Child/ Adolescent Unit. Admission or transfer to other units are not reimbursable.

- Certification of need (CON) for services must be made by teams as follows:

  - For the non-emergency admission of a Medicaid recipient, the CON must be made prior to the admission. The team must include a physician (changed from a board-eligible or board-certified psychiatrist).
  - For an individual who applies for Medicaid while in the facility, the CON must be completed at the time application is made. If the CON is completed after the application is filed, payment cannot be made for that interim

time.
- For emergency admissions, the CON must be made within 5 working days after admission.

IA *A 07/91 (-) Iowa Medicaid has increased the medically needy resource limit for SSI-related persons to $10,000.

KY *A 04/91 (-) Kentucky imposed a Medicaid provider tax assessment on providers' Medicaid receipts.

PA *A 09/91 (+) Pennsylvania has instituted a pooling process for private psychiatric hospitals and psychiartric units of acute care hospitals. The additional funding obtained from inpatient psychiatric provider pooling provides for:

a. Prospective per diem payment rates for inpatient psychiatric providers.

b. Expanded disproportionate share qualification criteria and increased disproportionate share payments.

c. Increased annual inflation factors used in determining the per diem payment rates.

PA *A 06/91 (-) Pennsylvania has instituted a nursing facility pooling process for long-term care recipients which includes:

A. Disproportionate share payments to county nursing facilities in which at least 80% of the total patient days are Medicaid funded, and the number of certified medical assistance beds is greater than 270.

B. Program supplementation payments will be made to assist nursing facilities in adjusting to the new case-mix reimbursement system.

C. Revising the inflation factor used in establishing ceilings on net operating costs.

D. Payment of interim cost settlements on acceptable year-end cost reports are being added that will equal 90% of the facility's reported allowable medical assistance costs.

PA *A 06/91 (+) Pennsylvania has instituted a pooling process for freestanding rehabilitation hospitals. The additional funding obtained from rehabilitation pooling provides for:

a. Rebased per diem payment rates for freestanding rehabilitation hospitals.
b. Increased annual inflation factors used in determining the per diem payment ceiling for freestanding rehabilitation hospitals and medical rehabilitation units of acute care hospitals.
c. Supplemental disproportionate share payments to freestanding rehabilitation hospitals determined to be high volume medical assistance providers.

PA *A 05/91 (+) Pennsylvania has instituted an acute care pooling process which provides additional funding for in-state acute care hospitals. The additional funding obtained from pooling provides for the following:

a. Increased disproportionate share payments to an expanded number of in-state disproportionate share hospitals.

b. The extension of disproportionate share status to qualifying rural and sole community hospitals.

VT *A 10/91 (-) Vermont established a supplemental disproportionate share program for hospitals. Hospitals with 5% or more Medicaid days qualify for this payment. The annual payment shall be calculated by dividing the qualified Medicaid inpatient days of each hospital by the total of such inpatient days of all eligible hospitals.

CHAPTER 3

SELECTED MEDICAID PROGRAM CHARACTERISTICS

I. Medicaid Eligibility: Summary Status of Selected Program Characteristics

The following section provides summary information of selected State Medicaid eligibility policies, including income eligibility thresholds related to the Aid to Families with Dependent Children (AFDC) program, medically needy program, and OBRA-86/87 programs for low income pregnant women and children.

Medicaid/AFDC Income Eligibility Thresholds

Generally speaking, to become eligible for AFDC and in turn, Medicaid, families must possess an income below eligibility thresholds established by each State. Current law requires States to set both monthly "need standards" (which represent the State's definition of the minimum amount of money a family of a given size needs to subsist), and monthly "payment standards" (which represent the actual maximum payment a State will make to eligible families). Legislation also dictates that unless a family qualifies for some amount of cash assistance, they are not eligible for Medicaid (by virtue of the AFDC program).

What is critical to understand is that, depending on how a State calculates its payments to families, either the need standard or the payment standard can drive program eligibility. That level, which truly drives program eligibility, is from this point referred to as the "Eligibility Threshold."

Presented below are examples of the three general types of payment formulas currently employed by State AFDC programs. Note that each results in a different "standard" that determines whether or not the hypothetical family qualifies.

Method 1 - State sets its need standard equal to its payment standard. A family's countable income is subtracted from the need standard, payment is the deficit. As of January 1992, this method is being used by 16 States: *AK, CA, CT, DE, KS, MN, NE, NH, NJ, NM, NY, ND, OR, RI, SD,* and *WY.*

$400.00	Need/Payment Standard
- 301.00	Countable Income
$ 99.00	Assistant Payment

In this example, the need standard drives eligibility; family qualifies for AFDC and Medicaid.

Method 2 - State sets its payment standard below its need standard. To arrive at the payment standard, State applies a percentage reduction to the full need standard. Countable income is subtracted from the reduced standard, payment is the deficit. As of January 1992, this method is being used by 25 States: *AL, AZ, AR, DC, FL, HI, ID, IL, IN, IA, LA, MD, MS, MO, MT, NV, NC, OH, PA, TX, VT, VA, WA, WV,* and *WI.*

$400.00	Need Standard
- 25%	Reduction Rate
$300.00	
- 301.00	Countable Income
- 1.00	No Assistance Payment

In this example, the payment standard drives eligibility: family does not qualify for AFDC or Medicaid.

Method 3 - State sets its payment standard below its need standard. To arrive at the payment standard, State subtracts countable income from the full need standard, then applies a percentage reduction to the deficit. As of January 1992, this method is being used by ten States: *CO, GA, KY, ME, MI, MS, OK, SC, TN,* and *UT.*

$400.00	need standard
- 301.00	Countable Income
$ 99.00	
- 25%	Reduction Rate
$ 74.25	Assistance Payment

In this example, the need standard drives eligibility; family qualifies for AFDC and Medicaid. Please note that, for these States, the relatively more generous need standard determines who will get into the Medicaid program, yet actual AFDC cash payments to families are based on the lower, reduced standard.

The first column of Table I-1 lists the AFDC-related Medicaid "eligibility threshold" for families of three for each State. For comparison, these levels are then listed as a percentage of the 1992 Federal poverty level (FPL). These levels are also compared against analogous eligibility thresholds for families of three under both the State's medically needy program (if applicable) and the State's OBRA-86/87 pregnant women and children program (if applicable).

Table I-2 lists each State's AFDC standard of need and typical maximum Payment for family sizes one through four.

Under the AFDC programs, six of the States increased their income eligibility thresholds, and three States decreased their income and eligibility thresholds during the last six months of 1991. As of January 1992, the AFDC eligibility threshold for a family of three, in the average State, is $5,106 per year - 43.6 percent of the FPL.

Medically Needy - Protected Income Level and Program Characteristics

Medically needy persons or families are those who fit into the categorical groups covered by a State's AFDC, SSI, and Medicaid programs (i.e., they are in families with "dependent" children, are aged, blind, disabled, etc.) but who possess too much income to qualify for coverage. By incurring medical expenses, these persons can "spend-down" or reduce their income to welfare levels and become eligible in States which have opted to pick up the "medically needy." Thirty-six of the 51 States administer medically needy programs.

The Medicaid statute allows States to set their medically needy income levels (MNILs) as high as 133 and 1/3 percent of the highest AFDC cash payment for a family of similar size. Column two of Table I-1 displays MNILs for families of three for each State, and compares these levels to the FPL. Additionally, these levels are compared against the States' AFDC and OBRA-86/87 eligibility thresholds.

Table I-3 lists each State's MNILs for family sizes one through four. The average annual limit for a family of three in a State is now $6,191--53.3 percent of the FPL.

Pregnant Women and Children - Income Eligibility Thresholds and Program Characteristics Under OBRA-86, OBRA-87 and OBRA-89

Landmark changes contained in the Omnibus Reconciliation Act of 1986 (OBRA-86) permitted States, effective April 1, 1987, to establish expanded Medicaid programs for low income pregnant women and young children. Severing the traditional link with the AFDC program, OBRA-86 gave States authority to establish special income thresholds above existing AFDC levels but no higher than the FPL. Beginning in April 1987, these levels could be used to determine eligibility for pregnant women and infants under age one. In October 1987, the law permitted States to extend the enhanced coverage to children under age two, and raise this age limit by one year each subsequent October to the upper age limit of five.

Additional provisions within OBRA-86 permitted Medicaid programs to simplify eligibility processes for these high priority populations. One provision allowed States to eliminate all resource restrictions for pregnant women and their children. If States retained an assets test, the law States that such limits for pregnant women could be no more restrictive than those used under the Supplemental Security Income (SSI) program. For children, resource limits could be no more restrictive than those used under the AFDC program. OBRA-86 also gave States the option to forego the usual AFDC eligibility predetermination process in order to grant pregnant women, once determined eligible, continuous eligibility throughout their pregnancy until 60 days post-partum. Finally, the Act gave States the option of granting pregnant women short-term, presumptive eligibility status while their formal eligibility is being determined.

Building incrementally upon the previous year's law, the Omnibus Budget Reconciliation Act of 1987 (OBRA-87) gave States even more flexibility to expand eligibility for low-income pregnant women and children. Effective July 1, 1988, States were allowed to expand income eligibility thresholds for pregnant women and infants (under age one) as high as 185 percent of the FPL. As is the case with OBRA-86, States can choose to raise thresholds to any point between existing levels and the upper limit of 185 percent. Under OBRA-87, States retain the flexibility to waive assets restrictions for these groups and provide continuous eligibility throughout the pregnancy and 60 days postpartum.

OBRA-87 provided States with the option to impose an income-related premium on pregnant women and infants with incomes between 150 and 185 percent of the FPL. The monthly premium may not exceed 10 percent of the amount by which the family's countable income exceeds 150 percent of the poverty level.

Coverage of children under OBRA-87 was permitted to be accelerated. Rather than follow the annual phase-in schedule of OBRA-86, States were allowed on July 1, 1989, to immediately cover all children under the age of five living below 100 percent of poverty. Phased-in coverage of children under the ages of six, seven, and eight was also permitted on a year-by-year basis.

It should also be noted that OBRA-87 contained a mandate that States cover all children, regardless of family structure, born after September 30, 1983 up to the age of seven who live in families with income and resources below a State's AFDC program levels. This provision built upon the mandate contained in the Deficit Reduction Act of 1984, which required phased-in coverage of all such children up to the age of five.

The Medicare Catastrophic Care Act (MCCA) of 1988 mandated minimum coverage of pregnant women and infants at 100 percent of the FPL over a two-year phase-in schedule beginning in July 1989 with coverage for this population below 75 percent of the FPL. By the following July all States were to be covering pregnant women and children living below the FPL.

OBRA-89 superceded MCCA's mandated schedule by requiring States to cover pregnant women and children up to age six at 133 percent of the FPL. These provisions were effective April 1, 1991.

Column 3 of Table I-1 illustrates which States have adopted expanded programs for pregnant women and children under OBRA-86, OBRA-87 and OBRA-89 authority as of July 1990. The special income eligibility threshold set by each State, for family size three, is displayed and also presented as a percent of the FPL. Additionally, these levels are compared against the State's AFDC and medically needy eligibility thresholds. In January 1992, the eligibility threshold in the average State for pregnant women and children under OBRA-86/87/89 was $18,521 or 158.9 percent of the FPL.

As of January 1992, 30 States had gone beyond the mandated OBRA-89 expansions. Twenty-three States have raised thresholds above the FPL to as high as 185 percent of poverty, seven States have established limits between 134-184 percent of poverty, and 21 maintain levels at 133 percent of poverty in compliance with minimum coverages mandated by OBRA-89.

Table I-4 displays options States have chosen to streamline the eligibility process for these pregnant women. Strategies listed on the Table include whether or not the State dropped its assets test, whether or not the State elected the continuous eligibility option, and whether or not the State adopted presumptive eligibility. Also displayed is information on which States have outstationed eligibility workers at sites where pregnant women receive care, shortened Medicaid applications, and expedited the eligibility determination process for applications made on behalf of pregnant women.

In an encouraging effort to simplify and streamline eligibility systems, 48 States have eliminated resource restrictions. Twenty-six States have adopted the presumptive eligibility option in order to extend temporary eligibility to women so that they can receive Medicaid-reimbursed prenatal care while their formal application is being reviewed.

OBRA-90 requires States to ensure that pregnant women and children could apply for Medicaid benefits at sites other than welfare offices, including Federally qualified health centers (FQHCs) and disproportionate share hospitals. Although 24 States were already outstationing eligibility workers when this provision became effective on July 1, 1991, many States are still struggling to implement this mandate. Additionally, 38 States have shortened applications, and 17 States have expedited eligibility.

TABLE I-1

ANNUALIZED MEDICAID ELIGIBILITY THRESHOLDS [a]

AFDC, MEDICALLY NEEDY, OBRA 86/87/89 PREGNANT WOMEN -- JANUARY 1992

	AFDC FAMILY OF 3	PERCENT OF POVERTY $11,570	MEDICALLY NEEDY FAMILY OF 3	PERCENT OF POVERTY $11,570	OBRA-86/87/89 PREGNANT WOMEN FAMILY OF 3	PERCENT OF POVERTY $11,570
Alabama	$1,788	15.5%			$15,388	133.0%
Alaska [b]	11,076	76.6%			19,232	133.0%
Arizona	4,008	34.6%			16,198	140.0%
Arkansas	2,448	21.2%	$3,300	28.5%	21,405	185.0%
California	7,956	68.8%	11,208	96.9%	21,405	185.0%
Colorado	5,052	43.7%			15,388	133.0%
Connecticut	6,972	60.3%	9,276	80.2%	21,405	185.0%
Delaware	4,056	35.1%			18,512	160.0%
D.C.	4,908	42.4%	6,540	56.5%	21,405	185.0%
Florida	3,636	31.4%	3,636	31.4%	17,355	150.0%
Georgia	5,088	44.0%	4,500	38.9%	15,388	133.0%
Hawaii [b]	7,992	60.0%	7,992	60.0%	24,624	185.0%
Idaho	3,780	32.7%			15,388	133.0%
Illinois	4,404	38.1%	5,904	51.0%	15,388	133.0%
Indiana	3,456	29.9%			17,355	150.0%
Iowa	5,112	44.2%	6,792	58.7%	21,405	185.0%
Kansas	4,752	41.1%	5,640	48.7%	17,355	150.0%
Kentucky	6,312	54.6%	3,696	31.9%	21,405	185.0%
Louisiana	2,280	19.7%	3,096	26.8%	15,388	133.0%
Maine	6,876	59.4%	5,496	47.5%	21,405	185.0%
Maryland	4,524	39.1%	5,304	45.8%	21,405	185.0%
Massachusetts	6,948	60.1%	9,300	80.4%	21,405	185.0%
Michigan	7,044	60.9%	6,804	58.8%	21,405	185.0%
Minnesota	6,384	55.2%	8,508	73.5%	21,405	185.0%
Mississippi	4,416	38.2%			21,405	185.0%
Missouri	3,504	30.3%			15,388	133.0%
Montana	4,680	40.4%	5,316	45.9%	15,388	133.0%
Nebraska	4,368	37.8%	5,904	51.0%	15,388	133.0%
Nevada	4,176	36.1%			15,388	133.0%
New Hampshire	6,192	53.5%	7,392	63.9%	15,388	133.0%
New Jersey	5,088	44.0%	6,792	58.7%	21,405	185.0%
New Mexico	3,888	33.6%			21,405	185.0%
New York	6,924	59.8%	9,000	77.8%	21,405	185.0%
North Carolina	3,264	28.2%	4,404	38.1%	21,405	185.0%
North Dakota	4,812	41.6%	5,220	45.1%	15,388	133.0%
Ohio	4,008	34.6%			15,388	133.0%
Oklahoma	5,652	48.9%	5,508	47.6%	15,388	133.0%
Oregon	5,520	47.7%	7,356	63.6%	15,388	133.0%
Pennsylvania	5,052	43.7%	5,604	48.4%	15,388	133.0%
Rhode Island	6,648	57.5%	8,892	76.9%	21,405	185.0%
South Carolina	5,280	45.6%	3,396	29.4%	21,405	185.0%
South Dakota	4,848	41.9%			15,388	133.0%
Tennessee	5,112	44.2%	3,000	25.9%	21,405	185.0%
Texas	2,208	19.1%	3,204	27.7%	21,405	185.0%
Utah	6,444	55.7%	6,432	55.6%	15,388	133.0%
Vermont	8,076	69.8%	10,800	93.3%	21,405	185.0%
Virginia	3,492	30.2%	4,296	37.1%	15,388	133.0%
Washington	6,372	55.1%	7,800	67.4%	21,405	185.0%
West Virginia	2,988	25.8%	3,480	30.1%	17,355	150.0%
Wisconsin	6,216	53.7%	8,268	71.5%	17,934	155.0%
Wyoming	4,320	37.3%			15,388	133.0%
AVG. STATE	$5,106	43.6%	$6,191	53.3%	18,521	158.9%

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

ANNUALIZED MEDICAID ELIGIBILITY THRESHOLDS [a]

AFDC, MEDICALLY NEEDY,
OBRA 86/87/89 PREGNANT WOMEN -- JANUARY 1992

NOTES

a. AFDC and Medically Needy thresholds current through January 1992. Under AFDC, the term "threshold" refers to that income limit that truly drives program eligibility. In most states, this is the Payment Standard. In COLORADO, GEORGIA, KENTUCKY, MAINE, MICHIGAN, MISSISSIPPI, OKLAHOMA, SOUTH CAROLINA, TENNESSEE and UTAH, the threshold is the state's Need Standard. Please note, in these ten states, the threshold that appears on the table is not what the state pays to AFDC recipients. These states' Payment Standards are actually significantly lower than the eligibility threshold.

b. Poverty levels for Hawaii and Alaska differ from other states: Alaska - family of three = $14,460; Hawaii - family of three = $13,310.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

TABLE I-2

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) MONTHLY NEED AND PAYMENT AMOUNTS - JANUARY 1992

	FAMILY OF ONE		FAMILY OF TWO		FAMILY OF THREE		FAMILY OF FOUR	
	NEED STANDARD	MAXIMUM PAYMENT	NEED STANDARD	MAXIMUM PAYMENT	NEED STANDARD	MAXIMUM PAYMENT	NEED STANDARD	MAXIMUM PAYMENT
Alabama	$441	$100	$537	$123	$637	$149	$747	$168
Alaska	515	515	821	821	923	923	1025	1025
Arizona	551	198	740	266	928	334	1116	401
Arkansas	280	81	560	162	705	204	850	247
California	341	326	560	535	694	663	824	788
Colorado	253	214	331	280	421	356	510	432
Connecticut	356	356	473	473	581	581	683	683
Delaware	201	201	270	270	338	338	407	407
DC	450	258	560	321	712	409	870	499
Florida	552	180	740	241	928	303	1117	364
Georgia	235	155	356	235	424	280	500	330
Hawaii	634	396	850	531	1067	666	1284	802
Idaho	365	208	446	254	554	315	627	357
Illinois	487	212	616	268	844	367	952	414
Indiana	155	139	255	229	320	288	385	346
Iowa	365	183	719	361	849	426	986	495
Kansas	239	239	321	321	396	396	462	462
Kentucky	394	162	460	196	526	228	592	285
Louisiana	245	72	472	138	658	190	809	234
Maine	271	214	427	337	573	453	720	569
Maryland	243	167	428	294	548	377	660	455
Massachusetts	392	392	486	486	579	579	668	668
Michigan	368	305	482	401	587	489	712	593
Minnesota	250	250	437	437	532	532	621	621
Mississippi	218	60	293	96	368	120	443	144
Missouri	145	136	250	234	312	292	365	342
Montana	285	232	381	311	478	390	575	469
Nebraska	222	222	293	293	364	364	435	435
Nevada	410	230	515	289	620	348	725	407
New Hampshire	388	388	451	451	516	516	575	575
New Jersey	162	162	322	322	424	424	488	488
New Mexico	192	192	258	258	324	324	389	389
New York	352	352	468	468	577	577	687	687
North Carolina	362	181	472	236	544	272	594	297
North Dakota	217	217	326	326	401	401	491	491
Ohio	487	199	670	274	817	334	1010	413
Oklahoma	291	211	364	264	471	341	583	423
Oregon	310	310	395	395	460	460	565	565
Pennsylvania	313	215	481	330	614	421	749	514
Rhode Island	327	327	449	449	554	554	632	632
South Carolina	261	124	350	167	440	210	529	252
South Dakota	284	284	357	357	404	404	450	450
Tennesee	218	95	327	142	426	185	519	226
Texas	235	75	493	158	574	184	691	221
Utah	311	233	431	323	537	402	627	470
Vermont	768	465	937	567	1112	673	1246	755
Virginia	174	157	257	231	322	291	386	347
Washington	628	339	794	428	983	531	1157	624
West Virginia	289	145	401	201	497	249	623	312
Wisconsin	311	249	550	440	647	518	772	618
Wyoming	414	195	585	320	674	360	753	390

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
MONTHLY NEED AND PAYMENT AMOUNTS - JANUARY 1992

NOTES:

IN A NUMBER OF STATES, NEED AND PAYMENT AMOUNTS VARY DEPENDING ON FACTORS SUCH AS REGION, SEASON (SUMMER OR WINTER), AND WHAT COMPONENTS ARE INCLUDED IN THE STANDARD (E.G., RENTAL ALLOWANCE). IN ALL SUCH CASES, THE REGION WITH THE HIGHEST CONCENTRATION OF RECIPIENTS AND/OR THE HIGHEST SEASONAL RATE IS DISPLAYED. DETAILED NOTES BY STATE (WHERE APPLICABLE) APPEAR BELOW.

CT - REGION B
KS - METROPOLITAN AREAS
LA - URBAN AREAS
MA - RENTAL ALLOWANCE INCLUDED
MI - ANNUALIZED SUMMER/WINTER AVERAGE
NY - NEW YORK CITY REGION
PA - PHILADELPHIA REGION
VT - CHITTENDEN COUNTY
VA - GROUP 2
WI - AREA 1

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

TABLE I-3

MEDICALLY NEEDY MONTHLY PROTECTED INCOME LEVELS
FAMILY SIZE ONE THROUGH FOUR - JANUARY 1992

	FAMILY OF ONE	FAMILY OF TWO	FAMILY OF THREE	FAMILY OF FOUR
Alabama	n/a			
Alaska	n/a			
Arizona	n/a			
Arkansas	$108	217	275	333
California	600	750	934	1,100
Colorado	n/a			
Connecticut	473	629	773	908
Delaware	n/a			
DC	407	428	545	665
Florida *	180	241	303	364
Georgia	208	317	375	442
Hawaii	396	531	666	802
Idaho	n/a			
Illinois	283	358	492	558
Indiana	n/a			
Iowa	483	483	566	666
Kansas	422	466	470	488
Kentucky	217	267	308	383
Louisiana	100	192	258	317
Maine	315	341	458	575
Maryland	359	400	442	484
Massachusetts	522	650	775	891
Michigan	408	541	567	593
Minnesota	467	583	709	828
Mississippi	n/a			
Missouri	n/a			
Montana	407	417	443	469
Nebraska	392	392	492	584
Nevada	n/a			
New Hampshire	436	608	616	623
New Jersey	350	433	566	658
New Mexico	n/a			
New York	509	742	750	850
North Carolina	242	317	367	400
North Dakota	345	400	435	530
Ohio	n/a			
Oklahoma	284	359	459	567
Oregon	413	526	613	753
Pennsylvania	425	442	467	567
Rhode Island	558	600	741	850
South Carolina	225	225	283	341
South Dakota	n/a			
Tennessee	175	192	250	308
Texas	100	211	267	301
Utah	350	430	536	626
Vermont	758	758	900	1,008
Virginia	250	308	358	400
Washington	458	575	650	725
West Virginia	200	275	290	312
Wisconsin	514	592	689	823
Wyoming	n/a			

KEY:
n/a = No Medically Needy Program
* Eliminating program 4/92

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

MEDICALLY NEEDY MONTHLY PROTECTED INCOME LEVELS
FAMILY SIZE ONE THROUGH FOUR - JANUARY 1992

NOTES:

IN A NUMBER OF STATES, NEED AND PAYMENT AMOUNTS VARY DEPENDING ON FACTORS SUCH AS REGION, SEASON (SUMMER OR WINTER), AND WHAT COMPONENTS ARE INCLUDED IN THE STANDARD (E.G., RENTAL ALLOWANCE). IN ALL SUCH CASES, THE REGION WITH THE HIGHEST CONCENTRATION OF RECIPIENTS AND/OR THE HIGHEST SEASONAL RATE IS DISPLAYED. DETAILED NOTES BY STATE (WHERE APPLICABLE) APPEAR BELOW.

CT - REGION B
KS - METROPOLITAN AREAS
LA - URBAN AREAS
MA - RENTAL ALLOWANCE INCLUDED
MI - ANNUALIZED SUMMER/WINTER AVERAGE
NY - NEW YORK CITY REGION
PA - PHILADELPHIA REGION
VT - CHITTENDEN COUNTY
VA - GROUP 2
WI - AREA 1

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

TABLE I-4

STRATEGIES TO STREAMLINE ELIGIBILITY
JANUARY 1992

	DROPPED ASSETS TEST	PRESUMPTIVE ELIGIBILITY	SHORTENED APPLICATION	EXPEDITED ELIGIBILITY	MAIL-IN ELIGIBILITY	NEWBORN REFERRAL FOR
Alabama	X		X	X	X	
Alaska	X			X	X	
Arizona	X			X		
Arkansas	X	X	X			X
California						
Colorado	X	X	X		X	
Connecticut	X	X			X	X
Delaware	X		X			
DC	X	X				X
Florida	X	X	X			
Georgia	X		X	X	X	X
Hawaii	X	X	X		X	X
Idaho	X	X	X			
Illinois	X*	X	X			
Indiana	X		X		X	
Iowa		X	X*			
Kansas	X			X		
Kentucky	X		X		X	X
Louisiana	X	X	X			X
Maine	X	X			X	
Maryland	X	X	X			X
Massachusetts	X	X	X		X	X
Michigan	X		X		X	
Minnesota	X		X	X	X	
Mississippi	X		X			
Missouri	X	X	X			
Montana	X	X				
Nebraska	X	X			X	
Nevada	X					
New Hampshire	X					
New Jersey	X	X	X			
New Mexico	X	X	X		X	
New York	X	X				
North Carolina	X	X	X	X		
North Dakota					X	
Ohio	X		X	X	X	
Oklahoma	X	X				
Oregon	X		X	X		
Pennsylvania	X	X				X
Rhode Island	X					X
South Carolina	X		X		X	X
South Dakota	X		X			
Tennessee	X	X	X		X	X
Texas	X*	X	X			
Utah	X	X			X	
Vermont	X		X	X	X	X
Virginia	X		X	X	X	
Washington	X		X	X	X	
West Virginia	X		X	X	X	
Wisconsin	X	X	X	X		
Wyoming	X					
TOTAL	**48**	**26**	**33**	**14**	**23**	**14**

* FUTURE IMPLEMENTATION DATE.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

II. Medicaid Home- and Community-Based Waivers As Of January 1, 1992

Introduction

Home- and community-based services (HCBS) waivers are one of the most popular Medicaid policy options available to States. As shown in the attached charts and tables there are now 48 States operating a total of 173 waivers. (The HCBS waivers identified in Table 3 and Table 4 are excluded from these totals.) This represents an increase of 20 waivers since July 1, 1990. There are 51 waiver programs covering the elderly and physically disabled and 64 programs targeted to Medicaid recipients who are mentally retarded or developmentally disabled (MR/DD). Of States offering HCBS, 39 have programs for both the elderly/physically disabled and the MR/DD.

Background

Authority to grant waivers was provided by Section 2176 of the Omnibus Budget Reconciliation Act of 1981, which added Section 1915(c) to the Social Security Act. Under this statutory authority and pursuant to final regulations effective April 12, 1985, the Secretary of Health and Human Services is authorized to waive certain Medicaid requirements to allow States to provide home- and community-based services for Medicaid recipients in lieu of institutional services. Approved waivers remain in effect for three years, and may be renewed for additional five-year periods, subject to approval. Waiver programs may be changed, but approval must be obtained if the modification would substantially change the original waiver.

HCBS waiver authority has been amended a number of times since 1981. The Consolidated Omnibus Budget Reconciliation Act of 1985 added authority in Section 1915(c)(1) to care for ventilator dependent individuals in the community. OBRA 86 added Section 1915(c)(7) which allows States to develop waivers for individuals with specific illnesses, such as AIDS. This section was later amended by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) to eliminate the ventilator dependent language, thus allowing individuals without ventilator needs, but with hospital level of care needs to be cared for at home.

OBRA 1987 added Section 1915(d) authority for HCBS to the elderly. Under this authority, States may spend up to a ceiling amount on institutional and community-based care for the elderly. The ceiling is calculated by determining total expenditures for the elderly -- institutional and community-based -- in a base year and adding an amount for inflation and population increases.

Section 2176 waiver authority requires that waiver requests must make certain assurances, including that:

- necessary safeguards have been taken to protect the health and welfare of recipients;
- recipients who may be eligible will undergo an evaluation of the need for nursing home care;
- applicants will be given a choice between waivered services and nursing home care; and,
- the average per capita expenditure for medical assistance under the waiver will not be greater than expenditures would have been if the waiver had not been granted.

The authority allows States to limit the provision of home- and community-based services to specific geographic areas within the State and to limit coverage to certain groups of Medicaid eligibles. Additionally, States can choose to modify certain financial eligibility requirements.

A wide range of services is available. The statute and regulations identify, but do not define, a list of seven services that may be offered as alternatives to nursing home care. Thus, States have the flexibility to use their own service definitions. However, coverage for room and board cannot be provided under a waiver. In addition, States are allowed to offer other services, provided that the waiver request demonstrates that the other service is an alternative to institutional care and cost-effective.

Certain categories of Medicaid recipients who are at-risk of institutional care can receive waiver services, including the aged/disabled, mentally retarded, mentally ill, and disabled children. Under provisions of the final rule, separate applications must be submitted for waivers to cover each target group. Prior to promulgation of the final rule, initial applications and renewals could cover more than one recipient category.

A variation of the "regular" 2176 waiver was established in 1982, when the Health Care Financing Administration (HCFA) established application procedures for "model" waivers. Model waivers follow the 2176 guidelines but the application requires less information. Limited to smaller populations, these waivers are given priority and are usually approved more quickly than are regular waivers. Originally, HCFA required a 50-person limit for model waivers, but an amendment to Section 1915(c), contained in the Medicare Catastrophic Coverage Act of 1988, prohibits HCFA from imposing a limit of fewer than 200 persons.

Waiver Characteristics

The attached charts and tables present summary information on approved HCBS waivers. As of January 1, 1992, 48 States operated a total of 173 HCBS waivers, an increase of 20 waivers over the number in effect since July 1, 1990. There are 134 "regular" waivers and 39 "model" waivers. For regular waivers, the services covered most often are those in the "other" category (77 percent), respite care (74 percent), and case management (70 percent).

Services under model waivers reflect the same priorities. The "other" category is present in 79 percent of the waivers, case management in 69 percent, and respite care in 56 percent.

It is interesting to note that the "other" category, which includes services defined by States, continues to be the most frequently used category of service. Services included in this category are transportation and minor home modification which are identified in the regulation as approvable HCBS.

Nursing, either skilled or private duty, has become the most frequently offered service within the "other" category under model waivers. Some of the services included in waivers under the "other" category are medical supplies, pre-vocational services, supported employment, special drugs, and psychosocial counseling. The increase of such specialized services seems to reflect a continuing trend to tailor services to the needs of the target population and to offer critical medical support services not covered under the Medicaid State plan or "other" public assistance programs.

As shown on Chart 1, regular waiver programs serving the elderly and physically disabled (Aged and Disabled (A/D), Children/Disabled (C/D), Acquired Immune Deficiency Syndrome (AIDS) and AIDS-related complex (AIDS/ARC)) number 70 and those serving the mentally retarded and developmentally disabled, and the mentally ill number 65. Chart 1 also shows that different packages of services are offered to the separate population groups. For the MR/DD, habilitation is the service covered most frequently (89 percent), followed by respite care (77 percent), and the "other" category of services (73 percent). For the physically disabled, which includes the A/D, AIDS, C/D, D, and AIDS/ARC populations, services in the "other" category are the most common (82 percent), followed by case management (76 percent) and respite care (71 percent).

Of the waivers for the physically disabled, 13 are for individuals with AIDS or ARC. Once again, the "other" category leads being present in all 13 waivers. Within that category, nursing is a high priority for this group, with nine of the waivers (69 percent) covering this service. Case management is covered by nine waivers (69 percent), and both homemaker and personal care are covered by eight waivers each (62 percent). Adult day health is offered in seven of these waivers.

Model waivers are even more frequently targeted to the physically disabled than are regular waivers. As shown on Chart 2, model waiver programs for the disabled (A/D, Blind/Disabled (B/D), C/D, D, AIDS, and AIDS/ARC) number 32. Services in case management (68 percent) and "other" (65 percent) are offered most frequently. Nursing, within the "other" category, is covered in 53 percent of the waivers.

Three out of the four AIDS model waivers include services in the "other" category, with respite care once again reflecting a service considered essential to the treatment of individuals with AIDS.

In the model waivers for the MR/DD population the "other" category leads (86 percent), followed by case management and respite care (71 percent each). Home modification is also a commonly offered service (57 percent). Nursing, while common under the physically disabled model waivers, is not common for their MR/DD counterparts. Interestingly, habilitation is covered less frequently under model waivers for this population than it is under regular waivers for the MR/DD.

The number of C/D model waivers increased to 14 in 1991, reflecting interest in serving children at home.

A complete listing of approved waivers by State is presented in Table 1. Similar information on model waivers is presented in Table 2. The Tables identify the populations covered and the services offered. Tables 3 and 4 list waivers which include or could include disabled children. These tables were developed for a report on Medicaid Home Care Options for Disabled Children (NGA, 1990) and have been updated for the convenience of those who are most concerned with home care coverage for children. While many waivers are designated specifically for disabled children (C/D), there are many more that may include children. These tables offer a guide to waiver programs for which children could qualify.

Conclusions

HCBS waiver programs continue to be an important mechanism for providing home health care and medical support services to Medicaid recipients. Over the past year the overall numbers of both regular and model waivers have increased as have the number of services offered under these waivers.

In the area of services, it is also significant that the services in the "other" category continue to be the most utilized service for most populations. This trend reflects States' further tailoring of their waiver programs to meet the special medical and support needs of the target populations.

While the number of waivers for most target groups remained relatively constant, the number of MR and MR/DD waivers showed the greatest increase since July 1, 1990, increasing by 14 waivers. Waivers for the physically disabled increased by four. The habilitation and "other" categories are the most important groups of services for these waivers.

As indicated by the increase in waiver programs for persons with MR/DD and physically disabled individuals and the increase of specialized services in the "other" category, States continue to find waivers useful in meeting the variety of care needs necessary to support community residents requiring long-term care services.

SUMMARY CHART II-1

HOME- AND COMMUNITY-BASED WAIVERS
(waivers in effect as of 1/1/92)[1]

Population	Total Waivers*	Case Mngt.	Home-Maker	Hm. Hlth. Aide	Pers. Care	Adult Day	Habili-tation	Respite Care	Other			
									Trans-port	Home Mod.	Nursing	Undefined
MR/DD [2]	64	42	17	5	21	18	58	50	21	21	6	47
A/D [3]	51	40	36	11	24	37	8	39	19	18	9	42
C/D	5	4	2	1	2	0	0	4	1	1	4	5
AIDS/ARC	13	9	7	3	8	7	1	6	5	2	9	11
MI	1	1	0	0	0	1	1	1	0	0	0	0

*There are 48 states operating a total of 134 home- and community-based waivers. In this column, some waivers are counted more than once because they serve more than one population group.

SUMMARY CHART II-2

HOME- AND COMMUNITY-BASED MODEL WAIVERS
(waivers in effect as of 1/1/92)[1]

Population	Total Waivers*	Case Mngt.	Home-Maker	Hm. Hlth. Aide	Pers. Care	Adult Day	Habili-tation	Respite Care	Other			
									Trans-port	Home Mod.	Nursing	Undefined
MR/DD [2]	7	5	4	1	4	1	3	5	3	4	2	5
A/D, B/D [3]	14	11	2	3	3	1	1	6	2	3	7	7
C/D	14	9	1	3	3	1	0	8	0	3	8	11
AIDS/ARC	4	2	1	1	1	1	0	3	0	1	2	3

*There are 28 states operating a total of 39 home- and community-based model waivers. In this column, some waivers are counted more than once because they serve more than one population group.

1. Based on Health Care Financing Administration's Office of Coverage Policy 1/1/92 waiver list.
2. This category includes the waivers labelled MR/DD, DD, MR, and MR/NF.
3. This category includes the waivers labelled A/D, B/D, A, and D.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

HOME- AND COMMUNITY-BASED WAIVERS
(waivers in effect as of 1/1/92) [1]

STATE	POPULATION	EFF. DATE [2]	CASE MNGT.	HOME-MAKER	HM. HLTH. AIDE	PERS. CARE	ADULT DAY	HABILI-TATION	RESPITE CARE	OTHER
L	MR/DD	10/1/82						X	X	X
	A/D	10/4/84	X	X		X	X	X	X	X, T
R	MR/DD	1/1/89	X					X	X	T, X
	A/D	7/1/90		X		X	X		X	X
A	DD	7/1/82		X	X	X	X	X	X	T
	A/D	7/1/83	X				X		X	T, X
	D	7/1/83	X		X				X	T, H, N, X
	D	7/1/87			X				X	T, H, N. X
	AIDS/ARC	1/1/89	X	X						T, H, N, X
O	A/D	7/1/82	X	X		X	X		X	T, H, X
	MR/DD	10/1/82	X			X		X	X	T, X
	DD	7/1/89	X					X	X	T, X
	AIDS/ARC	1/1/91	X	X		X				X
T	A	10/1/82	X	X			X		X	T, X
	M/R	10/1/87	X					X		X
	MR/DD	10/2/90						X		
	DD/NF	1/1/91						X	X	X
	A/D	7/1/90	X	X			X		X	H, X
E	MR/DD	7/1/83	X					X	X	X
	A/D	7/1/86	X	X			X		X	X
	A/D	4/1/82	X	X		X	X		X	T, X
	MR/DD	4/1/82	X						X	T
	A/D	7/1/85	X	X	X	X	X		X	H, N, X
	AIDS	1/1/90	X	X		X	X		X	H, N, X
A	A/D	10/1/81	X	X	X	X			X	N, X
	MR/DD	7/1/88		X	X	X		X	X	X
	MR/DD	7/1/83	X			X	X	X	X	N, X
	A/D	8/1/83	X	X		X			X	
	D	8/15/83	X	X		X	X	X	X	T, N, X
	AIDS/ARC	4/1/88	X			X	X	X	X	T, N, X
	A/D,MR/DD	1/1/84				X				
	MR/DD	12/1/83	X					X	X	
	MR/DD	5/1/91				X		X		X
	A/D	7/1/83		X		X	X			H, X
	A/D	7/1/83	X	X			X			X
	AIDS/ARC	10/1/90	X	X	X				X	X
	A/D	9/1/84	X	X			X	X	X	H, X
	AIDS/ARC	2/1/91			X				X	X
S	A/D, MR/DD	3/22/82	X	X	X		X	X	X	X
	MR/DD	7/1/91	X	X				X	X	H, X
Y	MR/DD	4/1/83	X	X	X	X	X	X	X	X
	A/D	7/1/83	X	X		X	X		X	H, X
	A/D	1/1/90	X		X	X	X		X	H, X

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

Table II-1
(cont'd.)

HOME- AND COMMUNITY-BASED WAIVERS
(waivers in effect as of 1/1/92) [1]

STATE	*POPU-LATION*	*EFF. DATE [2]*	*CASE MNGT.*	*HOME-MAKER*	*HM. HLTH. AIDE*	*PERS. CARE*	*ADULT DAY*	*HABILI-TATION*	*RESPITE CARE*	*OTHER*
LA	A/D	1/6/82					X			
	MR/DD	4/1/90				X		X	X	X
ME	MR/DD	7/1/83	X					X	X	T
	A	5/1/85	X	X		X	X			T, X
	A/D	7/1/86	X			X				X
	MR/DD	7/22/90						X	X	T, X
MD	MR/DD	2/3/84	X					X		T, X
	C/D	1/1/88	X							N, X
MA	A/D	1/1/84	X	X					X	X
	MR/DD	1/1/84					X		X	T, X
MI	MR/DD	10/1/87						X		X
MN	A	7/23/82	X	X	X	X	X		X	X
	MR/DD	7/1/84	X	X				X	X	X
	D	10/1/87	X	X		X	X	X	X	H, X
	MR/DD	5/1/90		X				X	X	X
MS	A/D	11/1/86	X	X			X		X	X
MO	A/D	4/22/82	X	X					X	
	C/D	1/1/84	X	X	X				X	T, X
	MR/ DD	7/1/88						X	X	T, H, X
	AIDS/ARC	7/1/89				X				T, N, X
	MR/DD	10/1/91						X		T, X
MT	A/D	7/1/83	X	X		X	X	X	X	T, H, N, X
	MR/DD	7/1/83	X	X		X	X	X	X	T, H, X
NE	MR/DD	10/1/87	X				X	X		T, X
	A/D	8/1/88					X	X	X	T, X
NV	MR/DD	7/1/82	X					X		X
	A/D	7/1/87	X	X			X		X	X
NH	MR/DD	9/1/83	X			X	X	X		X
	A/D	7/1/87	X	X	X		X		X	N, X
	MR/DD	9/1/91	X			X	X	X		
NJ	MR/DD	10/1/82	X			X		X	X	
	A/D	10/1/83	X	X	X		X		X	T, X
	AIDS/ARC	3/1/87	X			X	X			N, X
NM	A/D	7/1/83	X	X			X		X	T, N
	AIDS/ARC	7/1/87	X	X		X	X			N
	C/D	8/1/84 [3]	X	X		X			X	N, X
	MR/DD	7/1/83	X	X		X		X	X	X
NY	A/D	12/2/82							X	T, X
	MR/DD	9/1/91	X					X	X	H, X
NC	A/D	7/1/82	X	X			X		X	X
	MR/DD	7/1/83	X	X		X	X	X	X	X

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

HOME- AND COMMUNITY-BASED WAIVERS
(waivers in effect as of 1/1/92) [1]

TATE	*POPU-LATION*	*EFF. DATE [2]*	*CASE MNGT.*	*HOME-MAKER*	*HM. HLTH. AIDE*	*PERS. CARE*	*ADULT DAY*	*HABILI-TATION*	*RESPITE CARE*	*OTHER*
)	MR/DD	4/1/83	X	X	X	X	X	X	X	H
	A/D	10/1/83	X	X	X	X	X		X	T, X
H	AIDS/ARC	1/1/88	X	X		X	X		X	T, X
	C/D	12/15/89	X			X			X	H, N, X
	A/D	7/1/84		X		X	X		X	T, H, X
	A/D	7/1/84	X	X		X	X		X	T, H, X
	MR/DD	7/1/90		X		X			X	T, H, X
	MR/DD	1/1/91		X		X		X	X	T, H, X
K	MR	1/1/85		X				X	X	H, X
R [4]	MR/DD	12/23/81		X				X	X	T, H, X
	A/D	12/23/81								H
A	MR	10/1/86	X				X	X	X	T, H, N, X
	AIDS/ARC	4/1/90		X	X					N
	MR	7/1/91	X					X	X	H, N, X
	MR	10/1/91						X	X	T, H, X
	A/D	1/1/82	X	X			X			T, H
	MR/DD	7/1/83	X	X					X	H, X
	A/D	7/1/88	X	X			X			H, X
C	A/D	10/1/84	X						X	X
	AIDS/ARC	8/1/88	X			X	X			N, X
	MR/DD	10/1/91				X		X	X	H, X
)	MR/DD	6/1/82	X					X		X
	A	10/1/88		X			X			N
I	A/D	6/1/86	X			X				H, X
	MR/DD	7/1/86	X					X	X	N
	MR/DD	9/1/85	X	X				X	X	N, X
	C/D	6/29/88							X	N, X
	MR	3/1/91	X					X	X	H, X
	MR/NF	11/1/91	X					X	X	H, X
T	MR/DD	7/1/87	X				X	X	X	
	MR/DD	7/1/90	X					X	X	
T	MR/DD	4/1/82	X				X	X	X	
	MI	4/1/82	X				X	X	X	
	A/D	7/1/87	X	X	X		X		X	X
	MR/DD/NF	1/1/91	X			X	X	X	X	
A	A/D	6/18/82				X	X		X	
	MR/DD/NF	1/1/91						X		X
A	A/D	1/1/83	X			X			X	X
	MR/DD	12/1/83	X					X	X	N, X
	MR	1/1/90					X	X		T, H, N, X
	AIDS	7/1/90					X		X	T, N, X
V	MR/DD	7/1/82	X				X	X	X	T
	A/D	7/1/82	X	X						X

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

Table II-1
(cont'd.)

HOME- AND COMMUNITY-BASED WAIVERS
(waivers in effect as of 1/1/92) [1]

STATE	POPU-LATION	EFF. DATE [2]	CASE MNGT.	HOME-MAKER	HM. HLTH. AIDE	PERS. CARE	ADULT DAY	HABILI-TATION	RESPITE CARE	OTHER
WI	A/D	1/1/87	X			X	X	X	X	T, H, X
	MR/DD	10/6/83	X			X		X	X	H
	MR/DD	8/1/87	X					X	X	H
	DD	10/1/89	X			X	X		X	T, H, X
WY	DD	2/1/91	X					X	X	H, X

KEY

A/D = Aged and Disabled
AIDS/ARC = Acquired Immune Deficiency Syndrome/AIDS- Related Complex
C/D = Disabled Children
D = Disabled
DD = Developmentally Disabled
MI = Mentally Ill
MR = Mentally Retarded
NF = Persons Inappropriately placed in nursing facilities

H = Minor Home Modification
N = Nursing (skilled nursing and/or private duty nursing)
T = Transportation
X = Other (Includes one or more of the following: psycho-social counseling, client support services, nutritional assessments, special drugs, medical supplies, prevocational services, supported employment, emergency response systems, non-medical transportation, home-delivered meals, or any other service approved by HCFA.)

NOTES:

1 Based on Health Care Financing Administration's Office of Coverage Policy 1/1/92 waiver list.
2 Reflects the effective date of the first waiver developed for this group.
3 This waiver began as a model home- and community-based waiver.
4 Oregon's waiver, effective 10/1/88, is authorized under Section 1915(d) and is structured differently than the other Sec. 1915(c) waivers listed on this table. However, services delivered under the waiver are similar to those provided under the original waiver.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

HOME- AND COMMUNITY-BASED MODEL WAIVERS
(waivers in effect as of 1/1/92) [1]

TATE	POPU-LATION	EFF. DATE [2]	CASE MNGT.	HOME-MAKER	HM. HLTH. AIDE	PERS. CARE	ADULT DAY	HABILI-TATION	RESPITE CARE	OTHER
L	C/D	1/1/92	X			X			X	X
	A/D	4/1/91	X		X	X			X	N, X
A	D	7/1/87			X				X	T, H, N, X
O	C/D	7/1/90	X							
T	MR/DD; D	10/1/83	X							
E	AIDS/ARC	1/1/91	X	X			X			
-	D	6/14/91	X							
A	C/D	9/1/84	X							N, X
)	A/D	10/1/83	X			X			X	T, H
	AIDS; C/D	7/1/85			X				X	H, N, X
I	D	1/1/90	X						X	X
.	C/D; MR/DD	8/1/84		X	X	X	X		X	X
	A/D	8/1/90		X	X		X		X	N, X
S	VENT. DEP.	12/1/90	X						X	
	HEAD INJ.	2/1/91	X					X		X
Y	C/D	8/1/87								N, X
	VENT.DEP.	10/5/87								N, X
D	C/D	1/1/85	X		X					N, X
I	MR/DD	10/1/85							X	N, X
N	D	4/1/85	X	X					X	H, X
E	MR/DD	6/1/89	X	X				X	X	T, H, X
V	D	10/1/89	X	X						
J	B/D	9/1/83	X							
	B/D	4/1/85	X							N
	B/D	4/1/86	X							N
Y	C/D	12/1/85	X						X	H
	C/D	7/1/89	X							
	C/DD	8/1/91	X						X	X
C	AIDS, C/D	7/1/83	X			X			X	N, X
H	MR/DD	10/1/83	X	X		X		X	X	T, H, N, X
	MR/DD	10/1/83	X	X		X		X	X	T, H, X
A	D	7/1/87	X							N, X
	D	4/1/86	X			X				X
	C/D	7/14/89	X							H, N, X
C	C/D	1/1/87							X	N, X
N	MR/DD	7/1/86	X			X				H
A	VENT., C/D	12/1/88							X	N, X
	AIDS/ARC	1/1/91							X	X
A	D	12/1/87	X					X	X	N, X

EY:

A/D = Aged and Disabled
AIDS/ARC = Acquired Immune Deficiency Syndrome/AIDS- Related Complex
B/D = Blind and Disabled
C/D = Disabled Children
T = Transportation
N = Nursing (includes skilled nursing and/or private duty nursing)
H = Minor Home Modification
X = Other (includes one or more of a variety of services approved by HCFA.)
D = Disabled
MR/DD= Mentally Retarded/Developmentally Disabled
Vent.Dep = Ventilator Dependent

OTES:

1. Based on the Health Care Financing Administration's 1/1/92 waiver list.
2. Reflects the effective date of the first waiver developed for this group.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

HOME- AND COMMUNITY-BASED WAIVERS SERVING DISABLED CHILDREN BY STATE
(waivers in effect as of 1/1/92) [1]

STATE	POPU-LATION	EFF. DATE [2]	CASE MNGT.	HOME-MAKER	HM. HLTH. AIDE	PERS. CARE	ADULT DAY	HABILI-TATION	RESPITE CARE	OTHER
AL	A/D	10/4/84	X	X		X	X	X	X	X
AR	MR/DD	1/1/89	X					X	X	T, X
	A/D	7/1/90		X		X	X			X
CA	AIDS/ARC	1/1/89	X	X						H, N, X
	DD	7/1/82		X	X	X	X	X	X	T
	D	7/1/83	X						X	T, H, N, X
	D	7/1/87			X				X	T, H, N, X
FL	MR/DD	4/1/82	X						X	T, X
	AIDS	9/1/89	X	X		X	X		X	H, N, X
HI	D	8/15/83	X	X		X	X	X	X	T N, X
	AIDS/ARC	4/1/88	X			X	X	X	X	T,N, X
	MR/DD	7/1/83	X			X	X	X	X	N, X
ID	A/D,MR/DD	1/1/84				X				
KY	MR/DD	4/1/83	X	X	X	X	X	X	X	X
	A/D	7/1/83	X	X		X	X		X	H, X
LA	MR/DD	4/1/90				X		X	X	
ME	MR/DD	7/1/83	X					X	X	T
MD	C/D	1/1/88	X							N, X
MN	MR/DD	7/1/84	X	X				X	X	X
	D	10/1/87	X	X		X	X	X	X	H, X
	MR/DD	5/1/90		X				X	X	X
MO	C/D	1/1/84	X	X	X				X	T, X
	AIDS/ARC	7/1/89				X				T, N, X
MT	MR/DD	7/1/83	X	X		X	X	X	X	H, T, X
NE	A/D	8/1/88	X				X		X	T, X
NV	MR/DD	7/1/82	X					X		
NJ	MR/DD	10/1/82	X			X		X	X	
	A/D	10/1/83	X	X		X	X		X	T
	AIDS/ARC	3/1/87	X			X				X
NM	A/D	7/1/83	X	X			X		X	T,N
	AIDS/ARC	7/1/87	X	X		X	X			N
	C/D	8/1/84 [4]	X	X		X			X	N, X
	MR/DD	7/1/83	X	X		X		X	X	T, X
NY	A/D	12/2/82							X	T, X
NC	MR/DD	7/1/83	X	X		X	X	X	X	X
OH	C/D	12/15/89	X			X			X	X
	A/D	7/1/84	X	X		X	X		X	T, H, X
OK	MR	1/1/85		X				X	X	X
PA	MR	10/1/86	X				X	X	X	T, H, N, X
	A/D	3/2/90		X	X					X
	MR	7/1/90	X					X	X	H, N, X
SD	MR/DD	6/1/82	X					X		X
TX	MR/DD	9/1/85	X	X				X	X	N, X
	C/D	6/29/88							X	N, X
UT	MR/DD	7/1/87						X	X	
	MR/DD	7/1/90	X					X	X	
VT	MR/DD	4/1/82	X				X	X	X	T
	MI	4/1/82	X				X	X	X	T
VA	A/D	6/18/82				X	X		X	
WA	MR	1/1/90	X				X	X		X
	AIDS	7/1/90							X	T, N, X
WV	MR/DD	7/1/82	X					X	X	T
WI	A/D	1/1/87	X			X	X	X	X	T, H, X
	MR/DD	10/6/83	X			X		X	X	H
	MR/DD	8/1/87	X					X	X	H
	DD	10/1/89	X			X	X		X	

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

HOME- AND COMMUNITY-BASED WAIVERS SERVING DISABLED CHILDREN BY STATE
(waivers in effect as of 1/1/92) [1]

KEY:

A/D	= Aged and Disabled	D	= Disabled
AIDS/ARC	= Acquired Immune Deficiency Syndrome/AIDS- Related Complex	MI	= Mentally Ill
C/D	= Disabled Children	MR/DD	= Mentally Retarded/Developmentally Disabled

H = Minor Home Modification
N = Nursing (skilled nursing and/or private duty nursing)
T = Transportation
X = Other (Includes one or more of the following: psycho-social counseling, client support services, nutritional assessments, special drugs, medical supplies, prevocational services, supported employment, emergency response systems, non-medical transportation, or any other service approved by HCFA.)

NOTES:

1. Based on Health Care Financing Administration's Office of Coverage Policy 1/1/92 waiver list and NGA Survey on Medicaid Home Care Options for Disabled Children. There are waivers under which children may be served. They are not specifically for children unless C/D is indicated.
2. Reflects the effective date of the first waiver developed for this group.
3. This waiver is limited to disabled children under age five.
4. This waiver began as a model home- and community-based waiver.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

HOME- AND COMMUNITY-BASED MODEL WAIVERS SERVING DISABLED CHILDREN
(waivers in effect as of 1/1/92) [1]

STATE	POPULATION	EFF. DATE (2)	CASE MNGT.	HOME-MAKER	HM. HLTH. AIDE	PERS. CARE	ADULT DAY	HABILI-TATION	RESPITE CARE	OTHER
CA	D	7/1/87			X				X	T, H, N, X
CT	MR/DD; D	10/1/83	X							
GA	C/D	9/1/84	X						X	N, X
IL	AIDS C/D	7/1/85			X				X	H, N, X
IA	C/D; MR/DD	8/1/84		X	X	X	X		X	X
	A/D	8/1/90		X	X		X		X	N, X
KY	C/D	8/1/87								N, X
	VENT.DEP.	10/5/87								N, X
	VENT.DEP.	10/5/87								N, X
MD	C/D	1/1/85	X							N, X
MI	MR/DD	10/1/85							X	N, X
MN	D	4/1/85	X	X	X				X	H, X
NE	MR/DD	6/1/89	X	X				X	X	T, H, X
NV	D	10/1/89	X	X						
NJ	B/D	9/1/83	X							
	B/D	4/1/85	X							N
	B/D	4/1/86	X							N
NY	C/D	12/1/85	X						X	
	C/D	7/1/89	X							
NC	AIDS C/D	7/1/83	X						X	N, X
OH	MR/DD	10/1/83	X	X		X		X	X	T, H, N, X
	MR/DD	10/1/83	X	X		X		X	X	T, H, X
PA	D	7/1/87	X							N, X
RI	D	4/1/86	X			X				X
	C/D	7/14/89	X							H, N, X
SC	C/D	1/1/87							X	N, X
TN	MR/DD	7/1/86	X			X				H
VA	C/D	1/31/88							X	N, X
WA	D	12/1/87	X					X	X	N, X

KEY

A/D = Aged and Disabled
AIDS/ARC = Acquired Immune Deficiency Syndrome/AIDS- Related Complex
C/D = Disabled Children
D = Disabled
MI = Mentally Ill
MR/DD = Mentally Retarded/Developmentally Disabled

H = Minor Home Modification
N = Nursing (skilled nursing and/or private duty nursing)
T = Transportation
X = Other (includes one or more of the following: psycho-social counseling, client support services, nutritional assessments, special drugs, medical supplies, prevocational services, supported employment, emergency response systems, non-medical transportation, or any other service approved by HCFA.)

NOTES:

1. Based on Health Care Financing Administration's Office of Coverage Policy 7/1/90 waiver list and NGA Survey on Medicaid Home Care Options for Disabled Children. There are waivers under which children may be served. They are not specifically for children unless C/D is indicated.

2. Reflects the effective date of the first waiver developed for this group.

SOURCE: NATIONAL GOVERNORS' ASSOCIATION

III. Managed Care: Selected State Program Characteristics

The utilization of managed care programs by State Medicaid departments continues to grow as States attempt to improve access and quality of care in the face of dwindling financial resources and increased numbers of Medicaid eligibles. As of December 1991, 33 States, including the ***District of Columbia***, operated a total of 225 managed care programs. The number of Medicaid recipients participating in managed care programs totaled 2,702,397 in December 1991. A majority is concentrated in six States. ***California*** has the most participants, totalling 471,942, followed by ***Arizona*** with 311,771 participants, ***Kentucky*** with 196,836 participants, ***Florida*** with 172,886 participants, ***Pennsylvania*** with 170,216 participants and ***Michigan*** with 144,896 participants. The total number of Medicaid recipients in these six States equals 1,468,547, or 53.4 percent of the total Medicaid managed care population.

In six States, the number of Medicaid recipients enrolled in managed care programs represents a significant percentage of their entire Medicaid populations. States with high percentages of Medicaid recipients enrolled in managed care plans include ***Utah*** at almost 70 percent, ***Colorado*** at approximately 62 percent, ***New Mexico*** at 60 percent, ***Kentucky*** at approximately 40 percent, and ***Wisconsin*** with almost 30 percent of its Medicaid population enrolled in managed care plans. Among all States, the ***Arizona*** Medicaid program is unique. Operating under a research and demonstration waiver of Federal requirements, Arizona's program, called AHCCCS, is based entirely on managed care and capitated payment.

The managed care systems operated by the States include health maintenance organizations (HMOs), prepaid health plans (PHPs), primary care case management (PCCM) programs, health insuring organizations (HIOs), and community health centers (CHCs). HMOs, the most common type of managed care system utilized, are represented in 134 of the 225 (59.6 percent) State managed care programs. PHPs are the second most frequently utilized managed care system, accounting for 50 of the managed plans. CHCs and HIOs are present in only eight of the managed care plans.

Individuals most often covered in the managed care plans are those eligible through Aid to Families with Dependent Children (AFDC). AFDC recipients are enrolled in 173 of the 225 (76.9 percent) Medicaid managed care plans. Only seven States have plans covering the aged and disabled.

Table III-1

*MEDICAID MANAGED CARE PLANS BY STATE AS OF JUNE, 1991**

STATE	TOTAL NUMBER OF PLANS	TYPE OF PLAN					MANAGED CARE MEDICAID ENROLLEES
		HMO	PHP	PCCM	HIO	CHC	
Alabama	1			1			15,649
Arizona	14		14				311,771
California	29	11	2	14	2		471,942
Colorado	3	2		1			110,353
District of Columbia	1	1					10,907
Florida	12	11		1			172,886
Hawaii	1	1					2,900
Illinois	5	4		1			108,056
Indiana	1	1					1,065
Iowa	2	1		1			46,358
Kansas	1			1			51,962
Kentucky	1			1			196,836
Maryland	5	2		2		1	58,197
Massachusetts	18	18					51,401
Michigan	11	7	4				144,896
Minnesota	9	8			1		61,266
Missouri	5	2	2	1			55,874
Nevada	1		1				5,171
New Hampshire	1	1					2,083
New Jersey	2	2					5,616
New Mexico	1			1			78,000
New York	34	22	10	2			88,213
North Carolina	2	1		1			39,377
Ohio	14	14					129,656
Oregon	18	2	16				67,774
Pennsylvania	7	5			1	1	170,216
Rhode Island	1	1					361
South Carolina	3			2		1	12,260
Tennessee	2	1		1			20,211
Utah	4	2	1	1			76,031
Washington	5	4			1		16,027
West Virginia	1			1			
Wisconsin	10	10					119,082
TOTALS:	**225**	**134**	**50**	**33**	**5**	**3**	**2,702,397**

KEY:

* Computed from "Medicaid Coordinated Care Enrollment Report," Health Care Financing Administration, June, 1991, and additional HCFA Medicaid managed care data.

HMO = Health Maintenance Organization
PHP = Prepaid Health Plan
PCCM = Primary Care Case Management
HIO = Health Insuring Organization
CHC = Community Health Center

Source: National Governors' Association

APPENDICES

APPENDIX I

MEMBERS OF THE MEDICAID BUDGET ESTIMATING INITIATIVE STEERING COMMITTEE AND THE MEDICAID PROGRAM CHARACTERISTICS WORK GROUP

BEI STEERING COMMITTEE:

Christine Nye, Director
Medicaid Bureau (MB)

Rozann Abato, Deputy Director
Medicaid Bureau (MB)

Lu Zawistowich, Co-Chair, Deputy Director
Office of Medicaid Policy (OMP), MB

Bill Lasowski, Co-Chair, Director
Division of Financial Management
Office of Medicaid Management (OMM), MB

T. Randolph Graydon, Co-Chair, Director
Division of Program Performance
Office of Medicaid Management (OMM), MB

Robert Adams, Director
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Office of the Associate Administrator for Operations

Donna Eden, Attorney
Office of the General Counsel

Louis Hogan, Director
Office of Program Systems
Bureau of Data Management and Strategy

Don Johnson, Director
Division of Medicaid Analysis
Office of Legislation and Policy

John Klemm, Director
Office of Medicaid Cost Estimates
Office of the Actuary

Arthur J. O'Leary, Associate Regional Administrator (ARA)
Division of Medicaid
New York Regional Office

David Spevacek, Director
Office of Financial Management
Office of Budget and Administration

MEDICAID STATE PROGRAM CHARACTERISTICS WORK GROUP

This Work Group was organized of representatives from MB, BDMS, ORD, OACT, OLP, OBA and Regions II, VIII, and X. This group served as the oversight committee and provided technical input into the development of the data collection instrument, the output Tables, and in software systems design. In addition to the steering committee, those participating were:

Medicaid Bureau:
- Helaine Jeffers, OMM
- Richard Chambers, Intergovernmental Affairs Office
- Miles McDermott, OMM
- Linda Sizelove, OMP
- Bernie Truffer, OMP

HCFA Regional Offices
- Eugenia Dunstan, New York-Region II
- Charles Crosley, Denver-Region VIII
- Beverly Bell, Seattle-Region X

Bureau of Data Management and Strategy:
- Rick Beisel
- Karen Trudel

Office of Research & Demonstrations:
- Al Esposito
- Dave Baugh

Office of the Actuary:
- Howard Shiman

Office of Legislation & Policy:
- Letty Carpenter

Office of Budget and Administration:
- Ken Haber
- Bill Surine

DATA DEVELOPMENT TEAMS

Teams specializing in Medicaid program eligibility, coverage, and payment characteristics were organized. Each team included one representative from MB, BDMS, RO, and a MB data coordinator. Teams were responsible for developing the data collection instrument for eligibility, coverage, and payment, and for designing the corresponding output Tables. Karen Trudel served as the team coordinator for BDMS activities.

Eligibility:
Beverly Bell, Seattle-Region X
Kathleen Blume, MB
Robin Landis, BDMS
Sue Davison, MB
Harriet Bancroft, MB, Data Coordinator

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TEN REGIONAL REPRESENTATIVES

Regional representatives from the 10 regions were selected to pilot-test the data collection instrument and software system and to train staff in their regions to use both the data collection instrument and software system. Also, RO resources were used to collect data nationwide and to update the system on an on-going basis.

Region I	Tom Entrikin
Region II	Eugenia Dunstan
	Julia Alberino
Region III	Richard Cain
Region IV	Jane Whitaker
Region V	Ron Benjamin
Region VI	Molly Crawshaw
	Larry Lawson
Region VII	Vince Cain
Region VIII	Charles Crosley
	Helen Collins
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APPENDIX III: HCFA DATA SYSTEMS

HCFA's data system environment includes comprehensive statistical and budgeting systems and electronic systems which collect data about pending SPAs and waivers. The principal types of data systems used to obtain information about the Medicaid program are:

- one tracking system (Turbo STP) which tracks data from Medicaid SPAs and waivers;
- statistical and budgetary data systems (MMIS, MSIS, Tape-to-Tape, MBES, and the 2082 discussed below);
- surveys (scheduled State assessments, ad hoc canvassing of ROs and States, and special HCFA studies);
- HCFA research and demonstration projects; and
- research and data collection efforts conducted by other Federal agencies; voluntary agencies; and private, non-profit groups.

Turbo STP

HCFA's Office of Field Operations (OFO) has the responsibility of tracking SPAs/waiver requests. In 1985, a tracking system for SPAs and waivers was developed for OFO using dBASE III. This system was called the OFO Tracking System. In 1991, the Dallas RO developed an enhanced version of the OFO Tracking System called Turbo STP. The Turbo STP Data Base System replaced the OFO Tracking System in all of the ROs. Regional offices record pertinent information in Turbo STP for each SPA/waiver submitted by States in their region. This program is the primary management control and tracking mechanism for SPAs/waivers in the ROs. Data from each of the ROs is submitted on a monthly/quarterly basis to HCFA's CO via PROFS (Professional Office System, HCFA's electronic mail network). The RO files are merged and are used to produce a set of statistical reports. A special program, called Turbo STPCO was written to automate the CO production of reports.

Comparison of Turbo STP and spDATA

Although these two systems gather information from SPAs, the systems are used for different purposes and reside on different computer platforms. The Turbo STP program was written in Turbo Pascal and was intended to be used on a personal computer. The file that it generates is completely compatible with the dBASE III file format. Although the program does not currently allow for the sharing of data, the program can be changed to operate in a local area network (LAN) environment. spDATA's program, written in Model 204 database language, resides on the mainframe computer at the HCFA Data Center and is available to any office with access to the Data Center. Turbo STP has both context-sensitive field help and overall pop-up screens with many built-in edits to prevent the user from inputting incorrect information. spDATA does not have edits in place at this time; however, programmers are currently developing edits for the System.

Turbo STP calculates the control due date (the date that HCFA action is due) and produces routine correspondence and routing slips for each SPA. spDATA is designed to give an overall understanding of the Medicaid program on a national or individual State basis by presenting characteristics from Medicaid State plans; it does not track control due dates or generate correspondence. Turbo STP includes information on pending waiver requests. spDATA does not contain information profiling State waiver requests; however, individual waivers could be monitored by adding control fields to spDATA's current system.

Data contained in the Turbo STP Data Base are uploaded monthly/quarterly to HCFA CO. Although the data in Turbo STP may be a month old, edits and validity checks of the program insure the integrity of the data. Data are entered into the spDATA System on a daily basis. The Turbo STP Data Base produces a wide variety of reports for individual or all States in a region. Both the spDATA System and the Turbo STP System (STPCO) are able to merge regional data for the creation of national reports.

Statistical and Budgeting Systems

MMIS (MARS, 2082, SURS)

In most States, the Medicaid Management Information System (MMIS) is central to State Medicaid data processing activities. MMIS is a general conceptual design for automated claims processing and information retrieval. States are free to tailor the system to their particular needs as long as the system meets federally required minimum performance standards. The general MMIS design includes six subsystems: recipient, provider, claims processing, reference file, management and administration reporting (MARS), and surveillance and utilization review (SURS). The first four subsystems relate to the claims processing function of the agency, MARS relates to the program control function, and SURS focuses on the program control and program integrity functions.

As part of MARS processing, States must generate and submit to HCFA a yearly report entitled, "Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services" (also referred to as the HCFA-2082 report). This report provides data, aggregated to the State level, on the number of recipients and amount of payments by 29 categories of eligibility and 19 types of services; aggregate utilization data (i.e., days of care, length of stay, numbers of visits); and demographic data on age, sex, and race. Other data contained in the database are Medicaid payments for capitated arrangements and Medicaid payments for coinsurance and deductible amounts for Medicare beneficiaries. (Note that States without a certified MMIS System also must generate a HCFA-2082 report from their claims processing and payment systems.)

MSIS

Twenty-nine States participate in the Medicaid Statistical Information System (MSIS) by providing quarterly Eligible and Paid Claims files to HCFA. The Eligible files contain one record for each person covered by Medicaid for at least one day during the reporting quarter. Individual eligible records consist of demographic and monthly enrollment data. The Paid Claims files contain information on the types of services provided, service dates, costs, type of reimbursement, and epidemiological variables. Note that not all data elements are available from all States participating in MSIS.

HCFA merges the 2082 database with MSIS to create the MSIS HCFA-2082 Totals File. Data are available in a SAS environment which represent a national Medicaid database of recipients, eligibility, and total expenditures by fiscal year, quarter, and State.

TAPE-TO-TAPE

Since 1981, HCFA's Office of Research and Demonstrations has been collecting data through a research project known as Tape-to-Tape. The purpose of this project is to develop a uniform Medicaid person-based data set containing detailed information on program enrollees, services, expenditures, and providers. To construct the Tape-to-Tape files, enrollment, claims, and provider data elements are extracted from each State's raw data tapes from appropriate MMIS subsystems. System documentation is reviewed to develop standard code structures, define variable lists, and establish formats that are uniform across States. Duplicate or erroneous records are purged and the files are edited and cleaned to assure data quality. Uniform files are produced for each participating State and year. California, Georgia, Michigan, New York, and Tennessee have participated.

MBES

The Medicaid Budget and Expenditure System (MBES) was developed to support the Federal Medicaid budget process and the Federal Medicaid grant award process. The MBES consists of an automated on-line reporting system through which the States electronically submit their budget estimates (Form HCFA-25), expenditure information (Form HCFA-64), and ad-hoc summary budget and expenditure reports.

APPENDIX IV: LIST OF SERVICES COVERED BY MEDICAID

The following is a list of services which may be covered by State Medicaid Programs -- each service is preceded by its spDATA Service Code Number. This number may be used to extract information on covered services in the spDATA System. Services are listed in the order organized by the Medicaid State plan.

(010) INPATIENT HOSPITAL
(030) OUTPATIENT HOSPITAL
(070) RURAL HEALTH CLINIC
(110) FEDERALLY QUALIFIED HEALTH CENTERS
(130) LABORATORY AND X-RAY
(051) NURSING FACILITY (21 OR OLDER)
(390) EPSDT
(410) FAMILY PLANNING AND SUPPLIES
(151) PHYSICIAN SERVICES - SERVICES OF DOCTOR
(152) PHYSICIAN SERVICES - MEDICAL/SURGICAL SERVICES OF A DENTIST
(170) OTHER LICENSED PRACTITIONERS
- (171) PODIATRISTS
- (172) OPTOMETRISTS
- (173) CHIROPRACTORS
- (174) PSYCHOLOGISTS
- (175) MEDICAL SOCIAL WORKERS
- (176) NURSE ANESTHETISTS
- (189) OTHER LICENSED PRACTITIONERS, OTHER

(231) HOME HEALTH SERVICES - NURSING
(232) HOME HEALTH SERVICES - HOME HEALTH AIDE
(233) HOME HEALTH SERVICES - MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES
(234) HOME HEALTH SERVICES - PHYSICAL THERAPY
(235) HOME HEALTH SERVICES - OCCUPATIONAL THERAPY
(236) HOME HEALTH SERVICES - SPEECH PATHOLOGY/AUDIOLOGY
(210) PRIVATE DUTY NURSING SERVICES
(080) CLINIC SERVICES
- (081) MATERNAL AND CHILD HEALTH (PHS AND TITLE V)
- (082) MENTAL HEALTH
- (083) ALCOHOL AND SUBSTANCE ABUSE
- (084) BIRTHING CENTER
- (085) AMBULATORY SURGICAL CENTER
- (086) END STAGE RENAL DISEASE
- (087) MR/DAY TREATMENT
- (095) CLINIC SERVICES, OTHER

(260) DENTAL SERVICES
(290) PHYSICAL THERAPY AND RELATED SERVICES
- (291) PHYSICAL THERAPY
- (292) OCCUPATIONAL THERAPY
- (293) SPEECH DISORDERS
- (294) HEARING DISORDERS
- (295) LANGUAGE DISORDERS

(310) PRESCRIBED ITEMS
- (311) PRESCRIBED DRUGS
- (312) DENTURES
- (313) PROSTHETIC DEVICES
- (314) EYEGLASSES

(350) OTHER PROFESSIONAL SERVICES
- (351) DIAGNOSTIC SERVICES
- (352) SCREENING SERVICES
- (353) PREVENTIVE SERVICES
- (354) REHABILITATIVE SERVICES

(021) IMD INPATIENT HOSPITAL (65 OR OLDER)
(053) IMD NURSING FACILITY (65 OR OLDER)
(060) INTERMEDIATE CARE FACILITY/MENTALLY RETARDED
(022) INPATIENT PSYCHIATRIC (UNDER 21)
(220) NURSE MIDWIFE
(120) HOSPICE CARE
(450) TARGETED CASE MANAGEMENT SERVICES
- (451) TARGETED CASE MANAGEMENT - UNDER 21
- (452) TARGETED CASE MANAGEMENT - CHRONICALLY MENTALLY ILL
- (453) TARGETED CASE MANAGEMENT - PREGNANT WOMEN
- (454) TARGETED CASE MANAGEMENT - AIDS
- (455) TARGETED CASE MANAGEMENT - HIV POSITIVE
- (456) TARGETED CASE MANAGEMENT - DEVELOPMENTALLY DISABLED
- (461) TARGETED CASE MANAGEMENT - OTHER

(480) PRESUMPTIVE ELIGIBILITY AMBULATORY PRENATAL CARE
(490) RESPIRATORY CARE
(191) CERTIFIED PEDIATRIC NURSE PRACTITIONER
(192) CERTIFIED FAMILY NURSE PRACTITIONER
(510) OTHER CARE RECOGNIZED BY STATE LAW
- (511) TRANSPORTATION
- (512) CHRISTIAN SCIENCE NURSES
- (513) CHRISTIAN SCIENCE SANITORIUMS
- (052) NURSING FACILITY SERVICES (UNDER 21)
- (515) EMERGENCY HOSPITAL SERVICES
- (516) PERSONAL CARE SERVICES
- (521) OTHER CARE RECOGNIZED BY STATE LAW, OTHER

(540) TRANSPLANT SERVICES
- (541) BONE MARROW
- (542) CORNEA
- (543) HEART
- (544) LIVER
- (545) LUNG
- (546) PANCREAS
- (547) KIDNEY
- (549) TRANSPLANT SERVICES, OTHER

APPENDIX V

GLOSSARY OF MEDICAID TERMS

Aid to Families with Dependent Children (AFDC)--AFDC (established by title IV of the Social Security Act) is a program of income support for low-income families.

Categorically Needy--See definition in National Tables narrative for Section II: Eligibility.

Covered Services--Covered services are the combination of services and supplies (mandatory and optional) within each State for which Medicaid will provide reimbursement.

Dual Eligibles--Dual eligibles are Medicaid recipients, usually the elderly and disabled, who are also Medicare beneficiaries. States can choose to pay the premiums, deductibles, and coinsurance for these individuals.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)--EPSDT services are mandatory services under the Medicaid program for categorically needy individuals under the age of 21. The services are optional for the medically needy population. Under EPSDT, States are required to: (1) establish distinct periodicity schedules for screening, vision, hearing, and dental services; (2) provide for interperiodic screens as indicated by medical necessity to determine the existence of a suspected illness or condition; and (3) provide to EPSDT recipients all necessary health care, diagnostic services, treatment and other measures coverable under Medicaid to correct or ameliorate defects in physical and mental conditions discovered by screening services, whether or not such services are otherwise provided under the State plan.

Essential Spouse--One who is living with an aged, blind, or disabled individual who was receiving cash assistance and whose needs were included in determining the amount of cash payment to the individual under OAA, AB, APTD, or AABD; and who is determined essential to the individual's well-being. For purposes of Medicaid, the definition of essential spouse is only relevant to those eligible for Medicaid continuously since December 1973.

Expenditure--Under Medicaid, expenditure refers to an amount paid out by a State agency for the covered medical expenses of eligible participants.

Federal Financial Participation (FFP)--FFP is the Federal funding provided to States for expenditures made under approved State plans in accordance with the State's Federal Medical Assistance Percentage and the administrative rate.

Federal Poverty Level--The Federal poverty level (or poverty threshold) is a statistical measure used to indicate the level of cash income needed by a family to purchase a "minimally adequate" market basket of goods and services. The threshold is adjusted for family size and updated every February for inflation. It is a nationwide standard of poverty.

Fee Schedules--Fee schedules specify a predetermined flat maximum payment amount for individual procedure codes within a type of service. States may develop Medicaid fee schedules, or adopt Medicare fee schedules.

Fiscal Agent--A fiscal agent is a contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Fiscal Year--Any 12-month period for which annual accounts are kept. The Federal government's fiscal year extends from October 1 to the following September 30.

Group Classification--For payment purposes, States may categorize facilities. Groupings could be by geographic location of facility, peer group (similar level of care required by recipients), high/low cost, number of beds, ownership, etc.

Home and Community-Based Services Waivers (HCBSW)--These waivers enable States to offer an alternative health care package for persons who would otherwise be institutionalized under Medicaid. Room and board may not be covered.

Income Standard--To be eligible for AFDC, an applicant's countable income must be less than a State established standard. The applicant's gross income must be less than 185 percent of the State's need standard.

Intermediate Care Facility (ICF)--An intermediate care facility is an institution furnishing health-related care and services to individuals who do not require the degree of care provided by hospitals or nursing facilities as defined under title XIX of the Social Security Act.

Medically Needy--See definition in National Tables narrative for Section II: Eligibility.

Need Standard--The need standard is the income that the State decides is necessary for a family of a given size to purchase basic necessities. The need standard is used to determine AFDC eligibility.

Negotiated Rates--Negotiated rates are rates developed through negotiation between States and specific providers.

New Rate Amount--The new rate amount is the estimated average proposed payment rate determined by the State for its latest SPA affecting institutional reimbursement.

Nursing Facility--A nursing facility is an institution or distinct part of an institution which is primarily engaged in providing to residents: nursing care and related services, rehabilitation services, or health related care, and services (above the level of room and board) which can be made available only in an institutional facility. The facility must have in effect a transfer agreement with one or more hospitals and must meet Medicaid participation requirements. (See section 1919(a) of the Social Security Act.)

Outpatient Hospital Services--Outpatient hospital services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished to outpatients under the direction of a physician or dentist by an institution that is licensed or formally approved as a hospital by an officially designated authority for State standard-setting and meets the requirements for participation in Medicare as a hospital.

Physician Services--Physician services are those services furnished by, or under the direction of, a licensed doctor of medicine or osteopathy in the State where the services are performed. Physician services may be provided in the physician's office, the recipient's home, a hospital, or a nursing facility.

Presumptive Eligibility--Designated providers may make an interim determination that a pregnant woman may be eligible for Medicaid because her income is equal to or below the State's income standard. Once the provider has established tentative eligibility, the woman may receive ambulatory prenatal care for a specified period of time. The purpose of this provision is to ensure that prenatal care is not delayed because a woman does not have a Medicaid card during the time it takes for a State to process a Medicaid application.

Qualified Disabled Working Individual (QDWI)--A QDWI is a low-income, disabled individual who is entitled to enroll in Medicare, Part A benefits under title XVIII.

Qualified Medicare Beneficiaries (QMBs)--QMBs are elderly and disabled persons whose incomes are at or below specified percentages of the Federal poverty level.

Reasonable Classifications--Reasonable classifications pertain to subgroups of financially eligible optional groups (e.g., children under age 18, 19, 20, or 21 who are financially eligible for AFDC such as individuals in foster homes or private institutions for whom a public agency is assuming a full or partial financial responsibility, individuals in adoptions subsidized in full or in part by a public agency, individuals in intermediate care facilities or ICF/MRs if covered in the State plan, and inpatients in psychiatric facilities or programs under age 21).

Recipient--A recipient of Medicaid is an individual who has been determined to be eligible for Medicaid and who has used medical services covered under Medicaid.

Resource Standard--States may apply resource standards to Medicaid eligible applicants. Federal law establishes a limit to the value of a family's real and personal property. This amount does not include the value of the family's home and a specified equity in an automobile. States may exclude from this limit the value of items essential to daily living such as clothing and furniture.

Spend-Down--Individuals can attain eligibility by spending down income in excess of the medically needy income eligibility standard. That is, income in excess of the eligibility standard, can be offset within a specified period of time by incurring medical expenses equal to the amount of excess income; or, at State option, individuals may pay excess income to the State Medicaid agency and become income eligible.

State Buy-In--This is the term given to the process by which a State provides supplementary medical insurance and/or hospital insurance coverage for its needy eligible persons by paying their Medicare premiums through an agreement with the Federal government.

State Plan--The Medicaid State plan is a comprehensive written commitment by a State Medicaid agency to administer or supervise the administration of a Medicaid program in accordance with Federal requirements.

State Plan Amendment (SPA) --An SPA is a proposed or approved amendment made to an approved Medicaid State plan.

Supplemental Security Income (SSI)--SSI, established by title XVI of the Social Security Act, is a program of income support for low-income aged, blind, and disabled persons.

State Supplemental Payments (SSP)--Supplemental payments are payments made by States to bring aged, blind, and disabled individuals' income up to income standards that are greater than those of the SSI program. Supplemental payments are often made for special needs or special living arrangements.

Title II	Federal Old-Age, Survivors, and Disability Insurance Benefits.
Title IV-E	Adoption Assistance and Foster Care: a program to lessen barriers to the adoption of children with special needs.
Title V	Maternal and Child Health Services Block Grant.
Title XVI	Aid to the aged, blind, or disabled (SSI).
Title XVIII	The Medicare program.
Title XIX	The Medicaid program.

Trend Factor--The percentage used to account for inflation when setting payment rates prospectively is the trend factor.

209(b)--States which use more restrictive eligibility requirements for the aged, blind, and disabled than are used to determine SSI eligibility are called 209(b) States.

Vendor--A medical vendor is an institution, agency, organization, or individual practitioner that provides health or medical services to Medicaid recipients.

APPENDIX VI - ABBREVIATIONS USED IN THIS REPORT

AABD	Aid to the Aged, Blind, or Disabled (title XVI).
AB	Aged and Blind
AFDC	Aid to Families with Dependent Children
AHCCCS	Arizona Health Care Cost Containment System
AIDS	Acquired Immune Deficiency Syndrome
APTD	Aid to the Permanently and Totally Disabled
ARC	AIDS Related Complex
AZT	Azidothymidine
BDMS	Bureau of Data Management and Strategy
BEI	Budget Estimating Initiative
CAT	Categorically Needy
CFR	Code of Federal Regulations
COLA	Cost of Living Adjustment
COBRA	Consolidated Omnibus Budget Reconciliation Act of 1985
CPI	Consumer Price Index
CPR	Customary, Prevailing, and Reasonable Charge
DME	Durable Medical Equipment
DRGs	Diagnosis-Related Group
DRI	Data Resources, Inc.
DSH	Disproportionate Share Hospital
DSP	Disproportionate Share Payments
EAC	Estimated Acquisition Cost
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FBR	Federal Benefit Rate
FFP	Federal Financial Participation
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FY	Fiscal Year
GA	General Assistance
HCBC	Home and Community-based Care
HCBS	Home and Community-based Services
HCBSW	Home and Community-based Services Waiver
HCFA	Health Care Financing Administration
HHS	Department of Health and Human Services
HI	Hospital Insurance (Medicare Part A)
HIO	Health Insuring Organizations
HMO	Health Maintenance Organization
ICF	Intermediate Care Facility
ICF/MR	Intermediate Care Facility for the Mentally Retarded
IMD	Institute for Mental Diseases
JAD	Joint Application Development Session
LPN	Licensed Practical Nurse
LTC	Long-term Care
MAC	Maximum Allowable Cost
MARS	Management and Administration Reporting System
MB	Medicaid Bureau
MBES	Medicaid Budget and Expenditure System
MCCA	Medicare Catastrophic Coverage Act
MED	Medically Needy
MMIS	Medicaid Management Information System

APPENDIX VI (continued)

MNIL . . . . . Medically Needy Income Level
MRI . . . . . Magnetic Resonance Imaging
MSIS . . . . . Medicaid Statistical Information System
NF . . . . . Nursing Facility
NGA . . . . . National Governors' Association
NP . . . . . Nurse Practitioner
OAA . . . . . Old Age Assistance
OACT . . . . Office of the Actuary
OASDI . . . . Old Age, Survivors, and Disability Insurance
OBA . . . . . Office of Budget and Administration
OBRA . . . . Omnibus Budget Reconciliation Act
OFO . . . . . Office of Field Operations
OLP . . . . . Office of Legislation and Policy
OMB . . . . . Office of Management and Budget
OMM . . . . . Office of Medicaid Management
OPH . . . . . Outpatient Hospital
ORD . . . . . Office of Research and Demonstrations
OT . . . . . Occupational Therapy
OTC . . . . . Over-the-Counter (drugs)
PA . . . . . Physicians' Assistant
PAS . . . . . Professional Activities Study
PCP . . . . . Primary Care Physician
PHS . . . . . Public Health Service
PHSA . . . . . Public Health Service Act
PRO . . . . . Peer Review Organization
PT . . . . . Physical Therapy
QDWI . . . . Qualified Disabled Working Individual
QMB . . . . . Qualified Medicare Beneficiary
RHC . . . . . Rural Health Clinic
RN . . . . . Registered Nurse
RO . . . . . Regional Office
RRB . . . . . Railroad Retirement Board
RVS . . . . . Relative Value Scale
SAS . . . . . Statistical Analysis System
SAVE . . . . Systematic Alien Verification for Entitlements Program
SGA . . . . . Substantial Gainful Activity
SMI . . . . . Supplementary Medical Insurance (Medicare Part B)
SMIC . . . . . State Medicaid Information Center
SNF . . . . . Skilled Nursing Facility
SPA . . . . . State Plan Amendment
spDATA . . . State Profile Data System
SSB . . . . . Social Security Benefits
SSDI . . . . . Social Security Disability Insurance
SSI . . . . . Supplemental Security Income
SSP . . . . . State Supplemental Payments
SURS . . . . . Surveillance and Utilization Review System
TCM . . . . . Targeted Case Management
TEFRA . . . Tax Equity and Fiscal Responsibility Act of 1982

APPENDIX VII: STATE ABBREVIATIONS

Alabama	AL	Missouri	MO
Alaska	AK	Montana	MT
Arizona	AZ	Nebraska	NE
Arkansas	AR	Nevada	NV
California	CA	New Hampshire	NH
Colorado	CO	New Jersey	NJ
Connecticut	CT	New Mexico	NM
Delaware	DE	New York	NY
District of Columbia	DC	North Carolina	NC
Florida	FL	North Dakota	ND
Georgia	GA	Ohio	OH
Hawaii	HI	Oklahoma	OK
Idaho	ID	Oregon	OR
Illinois	IL	Pennsylvania	PA
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	West Virginia	WV
Minnesota	MN	Washington	WA
Mississippi	MS	Wisconsin	WI
		Wyoming	WY

APPENDIX VIII - FEDERAL ASSISTANCE PERCENTAGES (FMAP)

	FY 1987	FY 1987**	FY 1988	FY 1989	FY 1990	FY 1991	FY 1992
AL	72.41	72.41	73.29	73.10	73.21	72.73	72.93
AK	50.00	50.00	50.00	50.00	50.00	50.00	50.00
AZ	62.13	62.28**	62.12	62.04	60.99	61.72	62.51
AR	74.02	74.02	74.21	74.14	74.58	75.12	75.66
CA	50.00	50.00	50.00	50.00	50.00	50.00	50.00
CO	50.00	50.00	50.00	50.00	52.11	53.59	54.79
CT	50.00	50.00	50.00	50.00	50.00	50.00	50.00
DE	50.00	50.00	51.90	52.60	50.00	50.00	50.00
DC	50.00	50.00	50.00	50.00	50.00	50.00	50.12
FL	55.54	56.16**	55.39	55.18	54.70	54.46	54.69
GA	64.54	66.05**	63.84	62.78	62.09	61.34	61.78
HI	51.29	51.29	53.71	53.99	54.50	54.14	52.57
ID	71.08	71.08	70.47	72.71	73.32	73.65	73.24
IL	50.00	50.00	50.00	50.00	50.00	50.00	50.00
IN	62.92	62.92	63.71	63.71	63.76	63.24	63.85
IA	60.39	60.39	62.75	62.95	62.52	63.41	65.04
KS	51.39	51.39	55.20	54.93	56.07	57.35	59.23
KY	70.75	70.75	72.27	72.89	72.95	72.96	72.82
LA	65.77	65.77	68.26	71.07	73.12	74.48	75.44
ME	68.07	68.86**	67.08	66.68	65.20	63.49	62.40
MD	50.00	50.00	50.00	50.00	50.00	50.00	50.00
MA:DPW	50.00	50.00	50.00	50.00	50.00	50.00	50.00
MI	56.88	56.88	56.48	54.75	54.54	54.17	55.41
MN	52.98	53.41**	53.98	53.07	52.74	53.43	54.43
MS	78.50	78.50	79.65	79.80	80.18	79.93	79.99
MO	59.85	60.62**	59.27	59.96	59.18	59.82	60.84
MT	67.44	67.44	69.40	70.62	71.35	71.73	71.70
NE	58.06	58.06	59.73	60.37	61.12	62.71	64.50
NV	50.00	50.00	50.25	50.00	50.00	50.00	50.00
NH	53.28	54.92**	50.00	50.00	50.00	50.00	50.00
NJ	50.00	50.00	50.00	50.00	50.00	50.00	50.00
NM	69.68	69.68	71.52	71.54	72.25	73.38	74.33
NY	50.00	50.00	50.00	50.00	50.00	50.00	50.00
NC	68.40	69.18**	68.68	68.01	67.46	66.60	66.52
ND	56.41	56.41	64.87	66.53	67.52	70.00	72.75

APPENDIX VIII (Continued)

	FY 1987	FY 1987**	FY 1988	FY 1989	FY 1990	FY 1991	FY 1992
OH	58.27	58.30**	59.10	58.98	59.57	59.93	60.63
OK	59.86	59.86	63.33	66.06	68.29	69.65	70.74
OR	62.47	62.47	62.11	62.44	62.95	63.50	63.55
PA	57.28	57.28	57.35	57.42	56.86	56.64	56.84
RI	55.38	56.33**	54.85	55.88	55.15	53.74	53.29
SC	72.23	72.70**	73.49	73.08	73.07	72.58	72.66
SD	67.45	67.82**	70.43	71.02	70.90	71.69	72.59
TN	70.26	70.26	70.64	70.17	69.64	68.57	68.41
TX	55.16	55.16	56.91	59.04	61.23	63.53	64.18
UT	73.21	73.21	73.73	73.86	74.70	74.89	75.11
VT	67.37	67.37	66.23	63.92	62.77	61.97	61.37
VA	51.86	53.14**	51.34	51.20	50.00	50.00	50.00
WA	52.52	52.52	53.21	53.06	53.88	54.21	54.98
WV	72.59	72.59	74.84	76.14	76.61	77.00	77.68
WI	57.58	57.58	58.98	59.31	59.28	59.62	60.38
WY	54.20	54.20	57.96	62.61	65.95	68.14	69.10

* For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI and part A cf title IV will be 75 percent.

** The hold harmless provision has been enacted as part of the sixth Omnibus Budget Reconciliation Act of FY 1986. P.L. 99-509, section 9421, giving these 13 States the right to use their FY 1986 FMAP rates for FY 1987.

APPENDIX IX - REFERENCES

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